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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800003		CITY OR TOWN	WORCESTER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SOUTH WORKS P	OST #3657 V.F.W	. OF U.S. INC.	
DOING BUSINESS	A			
ADDRESS 1059 MI	LLBURY ST			
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608
MANAGER: HIRT	TLE, MARTIA TYPI	E OF LICENSE: V	eterans club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISI	ES:		
2. the license	ed license will be of the ee has complied with a ses are now open for be	all laws of the Com	monwealth relating to	
SIGNED BY:	Individual, Partner of	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	d by the building insp	pector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain	 ain)			
(11 disupproved expir	/			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800005	C	CITY OR TOWN	WORCESTER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: TURO'S PASTA S	HOPPE INC.		
DOING BUSINESS A LEO'S RISTORA	NTE		
ADDRESS 11 BRACKETT CT.			
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01604
MANAGER: HANSON, LEE TYP MARIE	PE OF LICENSE: Resta	urant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
TWO ROOMS ON FIRST FLOOR, CELI DOORS FOR DELIVERIES AND EMER EMERGENCY USE, TWO ROOM WITH	GENCY USE ONLY,	TWO REAR DO	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for the sa	me premises now	licensed;
2. the licensee has complied with	all laws of the Commo	nwealth relating to	taxes; and
3. the premises are now open for	business (If not explain	below)	
SIGNED BY: Individual, Partner	or Authorized Corpora	te Officer	
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor limits.	in possession (1) the opector and the head o	(Note: <u>NOT</u> Indeed in the fire departs	ed by Chapter 304 of the ment for the above named
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor leaves Check Below:	in possession (1) the opector and the head o	(Note: <u>NOT</u> Ind certificate require of the fire departi uired by Chapte	ed by Chapter 304 of the ment for the above named
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor leaves Check Below:  APPROVED:	in possession (1) the opector and the head o	(Note: <u>NOT</u> Ind certificate require of the fire departi uired by Chapte	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor lease Check Below:  APPROVED:  DISAPPROVED:	in possession (1) the opector and the head o	(Note: NOT Indescription (Note: NOT Indescription (Note: NOT) Indescription (Note: Note: N	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor leaves Check Below:  APPROVED:	in possession (1) the opector and the head o	(Note: NOT Indescription (Note: NOT Indescription (Note: NOT) Indescription (Note: Note: N	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor lease Check Below:  APPROVED:  DISAPPROVED:	in possession (1) the opector and the head o	(Note: NOT Indescription (Note: NOT Indescription (Note: NOT) Indescription (Note: Note: N	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800007		CITY OR TOWN	WORCESTER	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	BAZOUKAS & LIT	TIS INC.			
DOING BUSINESS	A BREENS				
ADDRESS 18 CAM	BRIDGE ST.				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: HAN	LON, PAUL P. TYP	E OF LICENSE: Res	taurant CA	ATEGORY: All Alco	hol
EMAIL ADDRESS:					
DESCRIPTION OF TO INCLUDE OUT I hereby certify and s  1. the renew 2. the license	PLEASE ALSO VISIT OUR WELLICENSED PREMIS SIDE PATIO  Is wear under penalties of the declicense will be of the declicense with a ses are now open for the ses are now open f	ES:  of perjury that:  he same type for the sall laws of the Comm	same premises now nonwealth relating to		
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHONI	E NUMBER:		IDENTIFICATION NUMB	
Acts of 2004, signed	d by the building insp	pector and the head	of the fire departr	ed by Chapter 304 of the above nate 116 of the Acts of 20	med
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHORITY	
DISAPPROVED: [ (If disapproved explain)	nin)		~j.		_
•					=
DATE:					-
APPLICATION FOR RENEW	VAL MUST BE FILED BY LIC	CENSEES DURING THE MO	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)	-



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800010		CITY OR TOWN	WORCESTER
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	: ENGLISH SOCIA	L CLUB OF WOR	CESTER	
DOING BUSINESS	SA			
ADDRESS 29 CAM	MP ST.			
CITY/TOWN: WC	ORCESTER	STATE: MA	ZIP CODE:	01608
MANAGER: LAN	MBERT III. TYI NRY C.	PE OF LICENSE:C	lub (	CATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
	RST FLOOR, CELL. ITIONAL SIDE DOC			
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	ved license will be of	the same type for the	ne same premises no	w licensed;
	see has complied with		_	to taxes; and
3. the prem	ises are now open for	business (If not exp	plain below)	
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYI	ER IDENTIFICATION NUMBER:
			(Note: NOT I	ndividual Social Security Number)
Acts of 2004, signe	ed by the building in	spector and the he	ad of the fire depar	red by Chapter 304 of the tment for the above named ter 116 of the Acts of 2010.
Please Check Below:			LOCAL LICEN	ISING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800012	•	CITY OR TOWN	WORCEST	TER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: KAK CORPORATIO	ON			
DOING BUSINESS A				
ADDRESS 210-225B SUMMER STREET				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01603	
MANAGER: KROCK, TYPE KATHERINE E.	OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				]
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISE				
THREE ROOMS ON FIRST FLOOR, CEL		ONE STORY BLI	OG	
I hereby certify and swear under penalties of				
1. the renewed license will be of the	• •	-		
2. the licensee has complied with al		•	taxes; and	
3. the premises are now open for bu	isiness (If not explai	n below)		
SIGNED BY:	A 41-1-1 (Common	of Office		
Individual, Partner or	Authorized Corpor	ate Officer		
DATE.				
DATE: TELEPHONE	NUMBER:			TON NUMBER:
		(Note: NOT Ind	ividuai sociai s	ecurity Number)
We the undersigned, attest that we are in				
Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia				
•	idility insurance re-	quired by Chapter	r 110 of the	Acts 01 2010.
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
(If disapproved explain)				
(If disapproved explain)				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 150800014		CITY OR TOWN	WORCEST	EK
APPLICATION FO	R RENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	GEORGE'S CAF	E INC. OF WORCEST	ER		
DOING BUSINESS	S A SUNEY'S PUB				
ADDRESS 00216B	CHANDLER & 32	MASON			
CITY/TOWN: WC	ORCESTER	STATE: MA	ZIP CODE:	01609	
	CHADOORIAN, TY NIEL M.	PE OF LICENSE: Res	taurant CA'	ΓEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF					
		CELLAR FOR STOCK	, ONE STORY BLD	G	
I hereby certify and	•				
		f the same type for the	•		
	-	th all laws of the Comn	_	taxes; and	
3. the prem	ises are now open fo	r business (If not expla	in below)		
SIGNED BY:	La Part I al Dange	A. d 1 C	OSC		
	individual, Partne	er or Authorized Corpo	rate Officer		
DATE:					
DATE.	TELEPHO	NE NUMBER:	EMPLOYER I (Note: <u>NOT</u> Indiv		ION NUMBER:
			(Total <u>1702</u> mary	iddai Boeiai Be	searity (validet)
		e in possession (1) the			
		nspector and the head r liability insurance re			
Please Check Below:	1	<b>,</b>			
APPROVED:			LOCAL LICENSII	NG AUTHO	DRITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 150800019		CITY OI	R TOWN	WORCES	TER
APPLICATIO	N FOR RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
DOING BUSI	NESS A	ND LODGE #173 B.P.C	O.E. OF W	ORC.IN	C.	
ADDRESS 20	0-20 A CHANDLER ST	FREET				
CITY/TOWN:	WORCESTER	STATE: MA	ZIP	CODE:	01609	
MANAGER:	HARVEY, RICHARD VINCENT	ГҮРЕ OF LICENSE:Clu	lb	C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EN	MAIL ADDRES	S		
DESCRIPTIO	N OF LICENSED PRE	MISES:				
		, CELLAR FOR STOCK R, THREE STORY BLD		NTRANC	E AND EXI	ΓON
	premises are now open	with all laws of the Comm for business (If not expla- mer or Authorized Corpo	ain below)		to taxes; and	
DATE:	TELEPH	ONE NUMBER:				TION NUMBER: Security Number)
Acts of 2004,	signed by the building	are in possession (1) the inspector and the head or liability insurance r	l of the fi	re depart	ment for the	above named
Please Check Bele APPROVED: DISAPPROVI (If disapproved	ED:		LOCAl By:	L LICEN	SING AUTH	ORITY



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15080	00020		CITY OR TOWN	WORCEST	ER
APPLICATION FOR RENE	EWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: ALHA	AMBRA ACRES OF	WORCESTE	R INC.		
DOING BUSINESS A					
ADDRESS 44 CIRCUIT AV	VENUE				
CITY/TOWN: WORCEST	ER STA	ATE: MA	ZIP CODE:	01608	
MANAGER: O'ROUKE, I	PETER TYPE OF L	ICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	-				
PLEASE A	LSO VISIT OUR WEBSITE ANI	ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENS	SED PREMISES:				
NINE ROOMS ON FIRST I	FLOOR, ONE STOR	Y BLDG,3 RI	EAR EXIT		
I hereby certify and swear un	nder penalties of perju	ıry that:			
1. the renewed licer	nse will be of the same	e type for the	same premises now	licensed;	
2. the licensee has c	complied with all laws	of the Comn	nonwealth relating to	taxes; and	
3. the premises are	now open for business	s (If not expla	in below)		
SIGNED BY:					
Indiv	idual, Partner or Auth	orized Corpo	rate Officer		
DATE:	TELEPHONE NUM	BER:			ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigned, attes	t that we are in poss	ession (1) the	certificate require	ed by Chapte	er 304 of the
Acts of 2004, signed by the	e building inspector	and the head	of the fire departr	nent for the	above named
license and (2) the certifica	ate of liquor liability	insurance re	equired by Chapter	r 116 of the <i>A</i>	Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
DATE.					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	k: 150800021		CITY	OK TOWN	WORCEST	EK
APPLICATION FO	OR RENEWAL:	: Annua	ા	LICENS	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME	E: COLLEGE	OF THE HOLY CRO	SS - HOGAÌ	N CENTER		
DOING BUSINES	S A					
ADDRESS COLLE	EGE ST.					
CITY/TOWN: W	ORCESTER	STATE:	MA Z	IP CODE:	01608	
	RDELLA, VDA	TYPE OF LICENS	E:Restauran	t CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	<b>S</b> :					
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER Y	YOUR EMAIL ADI	ORESS		J
DESCRIPTION OF	F LICENSED P	REMISES:				
KITCHEN, THREE FIVE STORY BLE		COBBY, MEZZANIN CES AND EXITS	E, MAIN HA	ALL, ROOM	FOR STORA	GE,
I hereby certify and	swear under pe	enalties of perjury that	:			
1. the rene	wed license will	l be of the same type f	or the same p	premises now	licensed;	
2. the licer	see has complie	ed with all laws of the	Commonwe	alth relating to	taxes; and	
3. the pren	nises are now op	en for business (If no	t explain bel	ow)		
SIGNED BY:						
	Individual, I	Partner or Authorized	Corporate O	fficer		
DATE:	TELE	PHONE NUMBER:		EMPLOYER	DENTIFICAT	ION NUMBER:
			ļ	(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, sign	ed by the build	we are in possession ling inspector and the liquor liability insura	e head of the	e fire departr	nent for the	above named
Please Check Below:			LOC	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	·laın)		<del></del>			
DATE:						
APPLICATION FOR REN	EWAL MUST BE FIL	ED BY LICENSEES DURING	THE MONTH O	F NOVEMBER (M	.G.L. Ch. 138 \$ 16	iA)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Annual	LIGENGED FOR 2012
	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: 99 RESTAURANTS OF BOSTON	, LLC
DOING BUSINESS A	
ADDRESS 11 EAST CENTRAL ST.	
CITY/TOWN: WORCESTER STATE: N	MA ZIP CODE: 01608
MANAGER: DECICCIO, TYPE OF LICENSE ANTHONY	E:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	DUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
5 DINING ROOMS, COCKTAIL LOUNGE, KITCHEN, AND FREEZER ROOM AND TWO OFFICES ON FIRS EMERGENCY, DELIVERY AND SERVICE ENTRANC SERVICE AND RECEIVING ENT IN REAR OF BLDG,	T FLOOR, NO CELLAR, ES ON MULBERRY ST SIDE OF BLDG,
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	r the same premises now licensed;
2. the licensee has complied with all laws of the C	Commonwealth relating to taxes; and
3. the premises are now open for business (If not	explain below)
SIGNED BY: Individual, Partner or Authorized C	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurar	head of the fire department for the above named
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
(If disapproved explain)	
(If disapproved explain)	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	2R: 150800027		CITY OR TOWN W	JRCESTER
APPLICATION FO	OR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: MOYNAGH	'S TAVERN INC.		
DOING BUSINES	S A			
ADDRESS 25 EXC	CHANGE ST.			
CITY/TOWN: W	ORCESTER	STATE: MA	ZIP CODE: 01	608
	OYNAGH, BERT P.	TYPE OF LICENSE:	Restaurant CATE	GORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PI	REMISES:		
TWO ROOMS ON WALDO ST FOR		, CELLAR FOR STOCK	K, TWO STORY BLDG, R	EAR DOOR ON
I hereby certify and	swear under pe	nalties of perjury that:		
1. the rene	wed license will	be of the same type for t	he same premises now licer	nsed;
2. the licer	isee has complie	d with all laws of the Cor	mmonwealth relating to tax	es; and
3. the pren	nises are now op	en for business (If not ex	plain below)	
SIGNED BY:				
SIGNED D1.	Individual, P	Partner or Authorized Con	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
			(Note: NOT Individue	al Social Security Number)
Acts of 2004, sign	ed by the buildi	ing inspector and the he	the certificate required by ead of the fire department e required by Chapter 110	for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:	]		Ву:	
DISAPPROVED:				
(If disapproved exp	olain)			
DATE:				
APPLICATION FOR REN	EWAL MUST BE FILI	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800030	CITY C	R TOWN	WORCEST	TER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: SMG Food and Beverage, L	LC			
DOING BUSINESS A				
ADDRESS 50 FOSTER ST.CENTRUM				
CITY/TOWN: WORCESTER STA	TE: MA ZIP	CODE:	01608	
MANAGER: Grayson, Jason TYPE OF LI	CENSE: Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADDRE	SS		
DESCRIPTION OF LICENSED PREMISES:				
MAIN AREA OCCUPIES 2 FLOORS,MAIN LEV HALL AND 50 SERVICE AND CONFERENCE I CONFERENCE ROOMS ON MAIN LEVEL. EN' DELIVERIES,2 ENT/EXIT WORCESTER ST,RE	ROOMS ON LOWE T/EXIT ON EXCHA	R LEVEL, NGE ST A	30 SERVICE ND ALSO F	E AND
I hereby certify and swear under penalties of perjur	ry that:			
1. the renewed license will be of the same	type for the same pre	emises now	licensed;	
2. the licensee has complied with all laws		•	taxes; and	
3. the premises are now open for business	(If not explain below	7)		
SIGNED BY: Individual, Partner or Author	orized Corporate Offi	cer		
DATE: TELEPHONE NUME				TON NUMBER: ecurity Number)
	`			
We the undersigned, attest that we are in posse Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability is	nd the head of the f	ire departı	nent for the	above named
Please Check Below:	LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:				
	By:			
DISAPPROVED: (If disapproved evaluit)	By:			
DISAPPROVED: [ [ (If disapproved explain)	Ву:			
<u></u>	By: 			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800031		CITY OR TOV	VN WORCES	TER
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: HURLEY JOHNS	ON INC.			
DOING BUSINESS	S A MIXERS COCK	TAIL LOUNGE			
ADDRESS 107 WA	ATER STREET				
CITY/TOWN: WC	DRCESTER	STATE: N	IA ZIP CODE	: 01608	
	CARTHY, TY AWN	PE OF LICENSE	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
<ol> <li>the renev</li> <li>the licens</li> </ol>	swear under penaltie wed license will be of see has complied with ises are now open for	the same type for all laws of the C	ommonwealth relati		
SIGNED BY:	Individual, Partne	r or Authorized C	orporate Officer		
DATE:	TELEDION	IE MUMBER	EMDI (	OYER IDENTIFICAT	TION MI IMRED
DITE.	TELEPHO	NE NUMBER:		$\Gamma$ Individual Social S	
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the	nead of the fire dep	artment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [] (If disapproved expl	Lain)				
,	,				
DATE:			<u></u>		
					_



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 150800032	C	TIYOR TOWN WORCES	IEK
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	ME: BROWN SQUAR	E CIVIC CLUB		
DOING BUSIN	IESS A BROWN SQUA	RE CIVIC CLUB		
ADDRESS 639	FRANKLIN ST.			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 01604	
	TOMAIOLO, TY RICHARD J	PE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EMA	IL ADDRESS	
-	OF LICENSED PREMI			
REAR EXIT FO		E STORY BLDG. EXTE	ANCE, EXIT AND DELIVE NSION OF PREMISE TO IN	
I hereby certify	and swear under penaltie	s of perjury that:		
1. the r	enewed license will be of	f the same type for the sa	ame premises now licensed;	
2. the 1	icensee has complied wit	h all laws of the Commo	nwealth relating to taxes; and	
3. the p	premises are now open for	r business (If not explain	below)	
SIGNED BY:	Individual, Partne	er or Authorized Corpora	ite Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, s	igned by the building ir	spector and the head o	certificate required by Chap of the fire department for th quired by Chapter 116 of the	e above named
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
DATE:				
· <del></del>				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 150800039		CITY OR TOWN	WORCESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: DIAMOND CA	AFE INC. OF WOR.		
DOING BUSI	NESS A			
ADDRESS 26	9-71 GRAFTON ST.			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01604
MANAGER:	DOYLE, MATTHEW	ΓΥΡΕ OF LICENSE: <b>F</b>	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
	N OF LICENSED PRE			
ROOM EXTE	S ON FIRST FLOOR, C NSION, DOOR AT GR 7 DOOR. NO CELLAR	RAFTON ST FOR EM		OG, REAR EXIT, ONE O REAR
I hereby certify	and swear under penal	lties of perjury that:		
1. the	renewed license will be	of the same type for t	he same premises now	licensed;
2. the	licensee has complied v	with all laws of the Cor	mmonwealth relating t	o taxes; and
3. the	premises are now open	for business (If not ex	plain below)	
SIGNED BY:		tner or Authorized Cor	morata Officar	
	marviduai, i ai	inci of Authorized Col	porate Officer	
DATE:	TELEDII	ONE NUMBER	EMPI OVEI	R IDENTIFICATION NUMBER:
	TELEPH	IONE NUMBER:		dividual Social Security Number)
				ed by Chapter 304 of the ment for the above named
		-	_	r 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)		<del></del>	
			<del></del>	
DATE:			-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 150800042		CITY OR TOWN	WORCEST	ER		
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13		
		CLASS			YEAR		
	BLUE MARLIN INC A GUERTIN'S CAFE GRAND ST		ER				
CITY/TOWN: WO		STATE: MA	ZIP CODE:	01603			
MANAGER: MOI		OF LICENSE: Re		ATEGORY:	All Alcohol		
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS						
	LICENSED PREMISE N FIRST FLOOR,CELI		C,TWO AND A HAL	F STORY BI	LDG,		
2. the licens	yed license will be of the see has complied with al ses are now open for bu	ll laws of the Com	monwealth relating to				
	Individual, Partner or	r Authorized Corp	orate Officer				
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT			
Acts of 2004, signe	d, attest that we are in d by the building inspo certificate of liquor lia	ector and the hea	d of the fire departi	ment for the	above named		
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHO	DRITY		
DATE:							



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800045		CITY OR TOWN	WORCEST	ER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Tara Pub, Inc				
DOING BUSINESS	A TARA PUB				
ADDRESS 62 GREE	N ST.				
CITY/TOWN: WOI	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: O'Ma	lley, Patrick T	YPE OF LICENSE: Ger pre	neral on C. mise	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION OF I	LICENSED PREM	MISES:			
		CELLAR FOR STORA LIVERIES ONLY, 2 ST		NCE AND EX	AT ON
I hereby certify and s	wear under penalt	ies of perjury that:			
1. the renewe	ed license will be	of the same type for the	same premises now	licensed;	
2. the license	e has complied w	rith all laws of the Comr	nonwealth relating t	o taxes; and	
3. the premis	ses are now open f	for business (If not expla	ain below)		
SIGNED BY:					
	Individual, Parti	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICAT	
			(Note: NOT Inc	dividual Social So	ecurity Number)
Acts of 2004, signed	by the building	are in possession (1) the inspector and the head or liability insurance r	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	111)				
DATE:			-		
APPLICATION FOR RENEW	AL MUST BE FILED B	Y LICENSEES DURING THE M	ONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16	iA)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 150800047		CITY OR TO	WN WORCES	IEK
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: PETRONIO CO	LE & GODIN,INC.			
DOING BUSINESS	A THE LUCKY	DOG MUSIC HALL			
ADDRESS 089-93	GREEN ST.				
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE	E: 01608	
MANAGER: DES		YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	MISES:			
ONE ROOM ON FI	RST FLOOR, REA	AR EXIT, CELLAR, F	OUR STORY B	LDG	
I hereby certify and	•				
		of the same type for th	-		
	-	rith all laws of the Com		ing to taxes; and	
3. the prem	ises are now open f	for business (If not exp	olain below)		
SIGNED BY:			0.07		
	Individual, Parti	ner or Authorized Corp	oorate Officer		
D 4 500					
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA	
			(Note: NO	T Individual Social	Security Number)
Acts of 2004, signe	ed by the building	are in possession (1) the inspector and the heat	ad of the fire dep	partment for the	above named
license and (2) the	certificate of liquo	or liability insurance	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(11 disappioved expi	.u.i.i j				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENCED EOD 2012
LICENSED FOR 2013
YEAR
IA ZIP CODE: 01608
Restaurant CATEGORY: All Alcohol
UR EMAIL ADDRESS
OUNGE,STORAGE FREEZER ROOM ON M FOR DELIVERIES AND EMERGENCY T, ONE STORY BLDG. NO SERVICE OR udoor sidewalk café
the same premises now licensed;
ommonwealth relating to taxes; and
xplain below)
Apidin Gelow)
orporate Officer
orporate Officer  EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the nead of the fire department for the above named
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the nead of the fire department for the above named ce required by Chapter 116 of the Acts of 2010.
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the nead of the fire department for the above named ce required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the nead of the fire department for the above named ce required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the nead of the fire department for the above named ce required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800051		CITY OR TOWN	WORCESTER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: QUINSIGAMOND PO	ST #318 THE A	MERICAN LEGIO	N
DOING BUSINESS A			
ADDRESS 180 GREENWOOD ST.			
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608
MANAGER: BONNER, DON TYPE O	F LICENSE: Vet	erans club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
BASEMENT, THREE ROOMS, HALLWAY A STORY BLDG, ADDITIONAL ROOM ON E ENTRANCES AND EXITS IN REAR, ONE AND DELIVERIES, ONE STORY BLDG	FIRST FLOOR,E	ASEMENT FOR S	TORAGE,TWO
I hereby certify and swear under penalties of p	erjury that:		
1. the renewed license will be of the s	same type for the	same premises now	licensed;
2. the licensee has complied with all l		•	o taxes; and
3. the premises are now open for busi	ness (If not expla	in below)	
SIGNED BY: Individual, Partner or A	Authorized Corpo	rate Officer	
DATE: TELEPHONE N	UMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect license and (2) the certificate of liquor liabi	tor and the head	l of the fire departi	ment for the above named
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 150800052		CITY OR TOW	N WORCES	TER
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAMI	E: MARRONE E	ENTERPRISES INC.			
DOING BUSINES	S A THE NORTI	H WORKS BAR & GRII	LE		
ADDRESS 106 GI	ROVE ST.				
CITY/TOWN: W	ORCESTER	STATE: MA	ZIP CODE:	01605	
	ARRONE, SEPH M.	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION O					
OFFICES,STORA	GE ROOM,DININ WITH EMERGE	R, GROUND LEVEL OF NG ROOM,BAR AND L ENCY EXIT ON GROVE CELLAR	OUNGE AREA, P	RIVATE DIN	ING
I hereby certify and	d swear under pena	alties of perjury that:			
1. the rene	ewed license will b	e of the same type for the	e same premises no	ow licensed;	
2. the lice	nsee has complied	with all laws of the Com	monwealth relating	g to taxes; and	
3. the prer	nises are now open	n for business (If not expl	ain below)		
SIGNED BY:	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:		'ER IDENTIFICA' Individual Social S	
Acts of 2004, sign	ned by the buildin	e are in possession (1) the ag inspector and the hea quor liability insurance	d of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	ploin)				
(11 disappioved exp	piani)				_
DATE:			-		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 150800056	(	CITY OR TOWN WORCE	STER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: WORCESTER	ATHLETIC CLUB INC.		
DOING BUSI	NESS A			
ADDRESS 44	0 GROVE ST.			
CITY/TOWN	: WORCESTER	STATE: MA	ZIP CODE: 01608	
MANAGER:	MAC DONALD, TIMOTHY	ΓΥΡΕ OF LICENSE: Rest	aurant CATEGORY	Y: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED PRE			
IN BASEMEN	NT,ENTRANCE AND E	EXIT ON SOUTH SIDE A	E, ON FIRST FLOOR, STOR AND ENTRANCE AND EXI CK TO BE USED DURING I	T ON
I hereby certif	y and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the s	ame premises now licensed;	
2. the	licensee has complied v	vith all laws of the Comm	onwealth relating to taxes; an	d
3. the	premises are now open	for business (If not explain	n below)	
SIGNED BY		ner or Authorized Corpor	rate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004,	signed by the building	inspector and the head	certificate required by Cha of the fire department for th quired by Chapter 116 of th	he above named
Please Check Bel			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROV. (If disapprove				
(11 disappiove	a expiairi)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	a: 150800057		CITY OR TOWN	WORCEST	ER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	KENMARE CORP.				
DOING BUSINESS	A TWEEDS				
ADDRESS 229-35 G	ROVE ST.				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01605	
MANAGER: MOY	YEN, JOANNE TYPI	E OF LICENSE: Res	taurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
:	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISI	ES:			
INCLUDE OUTDO	OOR PATIO				
I hereby certify and s	wear under penalties of	of perjury that:			
1. the renew	ed license will be of the	ne same type for the	same premises now	licensed;	
2. the license	ee has complied with a	all laws of the Comm	onwealth relating to	o taxes; and	
3. the premis	ses are now open for b	usiness (If not expla	in below)		
SIGNED BY:			0.67		
	Individual, Partner of	or Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	
			(Note: NOT Ind	lividual Social Se	ecurity Number)
We the undersigned	d, attest that we are i	n possession (1) the	certificate require	ed by Chapte	er 304 of the
Acts of 2004, signed	l by the building insp	ector and the head	of the fire departs	ment for the	above named
license and (2) the c	certificate of liquor li	ability insurance re	equired by Chapte	r 116 of the <i>A</i>	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	iin)				
DATE					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 150800059		CITY OR TO	WN WORCES	IEK
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MKM, LLC.				
DOING BUSINESS	A COSMOPLOIT	CAN CLUB			
ADDRESS 96 HAM	IILTON ST.				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE	E: 01608	
MANAGER: O'M	ARA, KEVIN T	YPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:			
TWO ROOMS ON I ENTRANCE,REAR		ELLAR FOR STOCK,	ONE STORY BI	LDG, FRONT DO	OOR
I hereby certify and s	swear under penalti	es of perjury that:			
1. the renew	ved license will be o	of the same type for the	e same premises	now licensed;	
2. the licens	ee has complied wi	ith all laws of the Com	monwealth relati	ing to taxes; and	
3. the premi	ses are now open for	or business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	Individual Social S	Security Number)
We the undersigne	d. attest that we a	re in possession (1) th	ne certificate red	nuired by Chapt	er 304 of the
Acts of 2004, signe	d by the building i	inspector and the hea	d of the fire dep	partment for the	above named
license and (2) the	certificate of liquo	or liability insurance	required by Cha	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	aın)				
DATE.					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	130800062		CITY OR TO	WN WORCES	EK
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ARCADIA CLUE	3 OF WORCESTER	R, INC		
DOING BUSINESS	A				
ADDRESS 0002-4 H	IARRISON ST.				
CITY/TOWN: WO	RCESTER	STATE: M	A ZIP CODE	E: 01608	
MANAGER: COR J.	MIER, KEVIN TY	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
ļ	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
CELLAR FOR STOOF				S AND KITCHE	N ON
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renew	ed license will be of	f the same type for	the same premises	now licensed;	
2. the license	ee has complied wit	h all laws of the Co	mmonwealth relat	ing to taxes; and	
3. the premis	ses are now open fo	r business (If not ex	(plain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Co	rporate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPL	OYER IDENTIFICAT	TION NUMBER:
			(Note: NO	T Individual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the o	d by the building in	nspector and the h	ead of the fire dep	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	iin)		_		
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY	LICENSEES DURING TH	E MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 10	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800064		CITY OR TOWN	WORCESTER
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SOLE PROPRIETO	R INC.		
DOING BUSINESS A			
ADDRESS 118 HIGHLAND ST.			
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608
MANAGER: Peters, Wayne TYP	E OF LICENSE: Res	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
118 HIGHLANC STDINING ROOM WIKITCHEN, STORAGE ROOM, EMPLOY EGRESS, ONE STORY BLDG., ADDITION OF 1,689 SQ.FT. WILL ADDITION OF 1,689 SQ.FT. WILL ADDITION OF 1,689 SQ.FT.	YEES ROOM, CELI ON OF NEW BAR	LAR FOR STORAC FACILI- TY TO EX	GE, REAR DOOR FOR
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	ne same type for the	same premises now	licensed;
2. the licensee has complied with a	all laws of the Comm	nonwealth relating t	to taxes; and
3. the premises are now open for b	ousiness (If not expla	ain below)	
SIGNED BY: Individual, Partner of	or Authorized Corpo	orate Officer	
DATE: TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor li	pector and the head	l of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		<del></del>	
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800066		CITY OR TOWN	WORCESTER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BOYNTON CAFE	OF WORCESTER	INC	
DOING BUSINESS A				
ADDRESS 115-17 HIG	GHLAND ST.			
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE:	01608
MANAGER: JOHN,	STEVEN F. TYP	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LI	ICENSED PREMIS	SES:		
2. the licensee	has complied with		e same premises now nmonwealth relating to plain below)	
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed l	by the building ins	spector and the he	ad of the fire departı	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain	_ n)			
(ii disapproved explain	<del>-</del> /			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800067		CIT	TY OR TOW	N WORCEST	ER
APPLICATION FOR	R RENEWAL:	Annua	ıl	LICE	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 14 ITAM		AN WORLD	WAR VE	TS.OF U.S. I	NC.	
CITY/TOWN: WO	RCESTER	STATE:	MA	ZIP CODE:	01608	
	TTERO, TYPI NK P.	E OF LICENS	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER	YOUR EMAIL	ADDRESS		
KITCHEN, MEETIN	LICENSED PREMISI IG ROOM AND STOI EXIT, CELLAR, ON	RAGE ON FI		OR,2 FRONT	ENTRANCES	AND
2. the licens	red license will be of the ee has complied with a ses are now open for be Individual, Partner of	all laws of the business (If no	Commony t explain b	vealth relating		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are i d by the building insp certificate of liquor li	ector and th	e head of	the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		L B -		NSING AUTHO	DRITY
DATE:			_			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800068	3	CITY OR TOWN WO	ORCESTER
APPLICATION FOR RENEWA	L: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: CIOTOG,I DOING BUSINESS A THE GRI ADDRESS 139 WATER STREE	EY HOUND PUB		
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE: 01	608
MANAGER: PAUL CURLEY	TYPE OF LICENSE: Gen	eral on CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
FOUR STORY BLDG. WITH COFFICE FRONT ENTRANCE ON KELL			CELLAR,
SIGNED BY:	ppen for business (If not expla		
DATE: TEL	EPHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
We the undersigned, attest that Acts of 2004, signed by the buil license and (2) the certificate of	ding inspector and the head	of the fire department	for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 150800072		CI	IY OR TOW	N WURCES	IEK
APPLICATION FOR	R RENEWAL:	Annual		LIC	ENSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME:	ITALIAN AME	RICAN CIVIC CL	UB, INC			
DOING BUSINESS	A					
ADDRESS 231 LAK	Œ AVE.					
CITY/TOWN: WO	RCESTER	STATE:	MA	ZIP CODE:	01608	
MANAGER: SAM	PSON, SALLY T	TYPE OF LICENSE	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YO	OUR EMAIL	ADDRESS		
DESCRIPTION OF	LICENSED PREM	MISES:				
THREE ROOMS ON STORAGE AREAS ENTRANCES AND	AND BOILER RO	OOM IN LOWER I	LEVEL,	ONE REAR		
I hereby certify and s	swear under penal	ties of perjury that:				
1. the renew	ed license will be	of the same type fo	or the sam	ne premises n	ow licensed;	
	•	vith all laws of the C			ng to taxes; and	
3. the premi	ses are now open	for business (If not	explain b	pelow)		
SIGNED BY:	Individual, Part	ner or Authorized C	Corporate	Officer		
DATE:	TELEPH	ONE NUMBER:		EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the	d by the building	inspector and the	head of	the fire depa	artment for the	above named
Please Check Below:			L	OCAL LICE	ENSING AUTH	ORITY
APPROVED:			В	By:		
DISAPPROVED: [ (If disapproved explain	 ain)		=			
(II disappioved expire	4111)					
			_			
DATE:			_			
APPLICATION FOR RENEV	WAL MUST BE FILED E	Y LICENSEES DURING T	- ΓΗΕ MONTI	H OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800073		CITY OR TOWN	WORCEST	TER
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BLUE GOOSE CAFE I	NC. THE			
DOING BUSINESS A	4 SEASON'S RESTA	URANT			
ADDRESS 249 LAKE	E AVE.				
CITY/TOWN: WOR	CESTER S	STATE: MA	ZIP CODE:	01608	
MANAGER: POTE J.	NTI, ALFRED TYPE O	F LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EN	MAIL ADDRESS		_
	ICENSED PREMISES:				
	FIRST FLOOR, CELLA EAR CELLAR ENTRA			BLDG, SIDE	
I hereby certify and sw	ear under penalties of p	erjury that:			
1. the renewed	d license will be of the s	ame type for the	same premises now	v licensed;	
2. the licensee	has complied with all l	aws of the Comr	nonwealth relating	to taxes; and	
3. the premise	es are now open for busin	ness (If not expla	ain below)		
SIGNED BY:			0.00		
	Individual, Partner or A	authorized Corpo	orate Officer		
DATE:					
DATE.	TELEPHONE N	JMBER:		R IDENTIFICAT dividual Social S	ecurity Number)
				ar radiar Bootar B	county 1 values 1)
	attest that we are in p				
, 0	by the building inspect ertificate of liquor liabi		-		
Please Check Below:	1				
APPROVED:			LOCAL LICENS By:	SING AUTHO	ORITY
DISAPPROVED:			By.		
(If disapproved explain	n)				
			-		
DATE:					
DAIE:					
APPLICATION FOR RENEWA	AL MUST BE FILED BY LICENS	EES DURING THE M	ONTH OF NOVEMBER (M	M.G.L. Ch. 138 \$ 10	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800074		CITY OR TOWN WO	RCESTER
APPLICATION FOR RENEWAL:	Annual	LICENSED 1	FOR 2013
	CLASS		YEAR
LICENSEE NAME: WORCESTER DE	ETACHMENT MAR	INE CORPS LEAGUE	
DOING BUSINESS A			
ADDRESS 179-81 LAKE AVE.			
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE: 016	504
MANAGER: ZWIRBLIA, JON TYLEDWARD	PE OF LICENSE: Ve	terans club CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
4 ROOMS ON FIRST FLOOR,3 ON 2N ENTRANCES ON FIRST FLOOR,SIDE ATTACHED,GROUND AREA ON NOI FRIDAY BEFORE MEMORIAL DAY T	DOOR FOR DELIVER THE SIDE OF BLDC	TERIES, 2 FIRE EXITS. P G TO BE USED DAY LIC	PORCH
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for the	same premises now licens	sed;
2. the licensee has complied with	n all laws of the Com	monwealth relating to taxe	es; and
3. the premises are now open for	business (If not expl	ain below)	
SIGNED BY: Individual, Partner	r or Authorized Corp	orate Officer	
DATE: TELEPHON	IE NUMBER:		TIFICATION NUMBER:
		(Note: NOT Individual	l Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the hea	d of the fire department	for the above named
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED: DISAPPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800078		CITY OR TOW	N WORCES	IEK
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LINCOLN RESTAU	RANT INC.			
DOING BUSINESS	A THE PRESS BOX				
ADDRESS 536 LINC	COLN STREET				
CITY/TOWN: WOF	RCESTER	STATE: MA	ZIP CODE:	01605	
MANAGER: LYON KATI	NS, TYPE	OF LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISES	S:			
	ee has complied with all ses are now open for bu		_	; to taxes; and	
	Individual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE I	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	l, attest that we are in by the building inspe ertificate of liquor lia	ctor and the head	of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	III <i>)</i>				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 150800083		CITY OR TOWN	WORCEST	ER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	CARTER REALTY A BROOKS' PUB	GROUP INC.			
ADDRESS 251-53 I	LINCOLN ST.				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01605	
	TTER, TYPE	E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EN	MAIL ADDRESS		
	LICENSED PREMIS				
THREE ROOMS AND BLDG, REAR EXIT	ND OFFICE ON FIRS FOR DELIVERY	T FLOOR, CELLA	R FOR STORAGE,	THREE STC	ORY
2. the licens	yed license will be of the has complied with a ses are now open for but Individual, Partner	all laws of the Comr	nonwealth relating to		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Acts of 2004, signe	d, attest that we are i d by the building insp certificate of liquor li	pector and the head	d of the fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800084		CITY OR TOWN	WORCESTE	R
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 2013	3
		CLASS		Y.	EAR
LICENSEE NAME	: JLEENTERPI	RISES INC.			
DOING BUSINESS	S A DINO'S				
ADDRESS 13 LOR	RD ST.				
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: EVA	ANGELISTA, TEPH L.	YPE OF LICENSE: Res	staurant CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	FLICENSED PREM	MISES:			
STORAGE, ONE S	TORY BLDG., TV CE IN BASEMENT	RST FLOOR, TWO RC VO ENTRANCES FIRS Γ, LOUNGE, OFFICE A	T FLOOR, ONE RE	EAR AND ONI	Ξ
I hereby certify and	swear under penal	ties of perjury that:			
1. the renev	wed license will be	of the same type for the	same premises now	licensed;	
2. the licen	see has complied w	rith all laws of the Comr	nonwealth relating to	taxes; and	
3. the prem	nises are now open	for business (If not explain	ain below)		
SIGNED BY:	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:		IDENTIFICATIO	
Acts of 2004, signe	ed by the building	are in possession (1) th inspector and the head or liability insurance r	d of the fire departm	nent for the al	oove named
Please Check Below:			LOCAL LICENS	ING AUTHOR	RITY
APPROVED:			By:		
DISAPPROVED:	laia)				
(If disapproved exp	14111)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 150800090		CITY	OR TOWN	WORCES	TER
APPLICATION	FOR RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
DOING BUSIN	ME: WORCESTER CO		CS ASSC	OC.		
ADDRESS 321			<b>7</b> 10	D CODE	01.600	
CITY/TOWN:	WORCESTER	STATE: MA	ZII	P CODE:	01608	
MANAGER:	Kennedy, Robert M. TYF		neral on emise	C	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDI	RESS		
	OF LICENSED PREMIS					
ROOMS ON TH	OOM,OFFICE AND STOI HIRD FLOOR, ONE REA USE ONLY, FOUR STO	R ENTRANCE AN				VO
I hereby certify	and swear under penalties	of perjury that:				
1. the re	enewed license will be of	the same type for the	same p	remises now	licensed;	
2. the li	icensee has complied with	all laws of the Com	monwea	lth relating t	to taxes; and	
3. the p	premises are now open for	business (If not expl	ain belo	w)		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Of	ficer		
DATE:	TELEPHON	E NUMBER:	(1)			ΠΟΝ NUMBER: Security Number)
Acts of 2004, s	signed, attest that we are igned by the building ins the certificate of liquor	spector and the hea	d of the	fire depart	ment for the	above named
Please Check Belov	<u>W:</u>		LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVEI (If disapproved						
(11 disappioved	слріаш)					<u>—</u>
DATE:						



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LICENSE NU	MBER: 150800095		CITY OR T	OWN	WORCES	TER
APPLICATIO	N FOR RENEWAL:	Annual	]	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE N. DOING BUSI ADDRESS 10		POST #341 AMER.LI	EG.DEPT.OF	MA.IN	C.	
	WORCESTER	STATE: MA	ZIP CO	DE:	01608	
MANAGER:		TYPE OF LICENSE:C				All Alcohol
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
	N OF LICENSED PRE					
FOUR ROOM ENTRANCES	S ON FIRST FLOOR, AND EXITS	ΓWO ROOMS ON SEC	COND FLOOR	R, 2 ST	ORY BLDG,	, 2
I hereby certify	y and swear under penal	Ities of perjury that:				
1. the	renewed license will be	of the same type for the	e same premis	ses now	licensed;	
2. the	licensee has complied v	with all laws of the Con	nmonwealth re	lating t	o taxes; and	
3. the	premises are now open	for business (If not exp	olain below)			
SIGNED BY:		tner or Authorized Corp	porate Officer			
DATE:	TELEPH	IONE NUMBER:				ΓΙΟΝ NUMBER:
			(Note: <u>1</u>	NOT Inc	dividual Social S	Security Number)
Acts of 2004,	rsigned, attest that we signed by the building 2) the certificate of liqu	g inspector and the he	ad of the fire o	depart	ment for the	above named
Please Check Bel			LOCAL L	ICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVI (If disapproved						
(II disappioved	a explain)					
DATE						
DATE:						
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVE	MBER (N	1.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	130800090		CITY OR TOW	IN WORCEST	EK
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1051 MA	A LC'S	UB INC.			
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE:	01603	
MANAGER: CARL	O, KEVIN L. T	YPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
DESCRIPTION OF L	ICENSED PREM ST FLOOR, CEL ORY BLDG, RE	LAR FOR STOCK, RE AR DOOR TO BE USE	EAR DOOR FOR		
<ol> <li>the renewe</li> <li>the license</li> </ol>	d license will be on the has complied w	of the same type for the ith all laws of the Comror business (If not explanation)	nonwealth relatir		
SIGNED BY:	Individual, Partr	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signed	by the building	re in possession (1) the inspector and the head or liability insurance r	l of the fire depa	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE By:	ENSING AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800101		CITY OR TOWN	WORCESTER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 802-04 M		MENT INC.		
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01610
	SHAD TYP! HAN R.	E OF LICENSE:Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMIS FIRST FLOOR,CELL STORY BLDG		EAR ENTRANCE I	FOR
<ol> <li>the renew</li> <li>the licens</li> </ol>	wear under penalties of the declaration will be of the declaration with a session are now open for better the declaration with a session with the declaration with the declaratio	he same type for the all laws of the Com	nonwealth relating t	
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building insp	pector and the head	d of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800102		CITY OR TO	WN WORCES	STER
APPLICATION FOR	R RENEWAL:	Annual CLASS	Ll	CENSED FOR	2013 YEAR
		RANT INC.	A ZIP COD	E: 01610	722.11
MANAGER: KAR		E OF LICENSE:			: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE		R EMAIL ADDRESS		
THREE ROOMS ON	LICENSED PREMISI N FIRST FLOOR, STO Y. CELLAR FOR STO	ORAGE AT 895	MAIN ST. AND	TO BE USED F	OR
	ee has complied with a ses are now open for b  Individual, Partner of	ousiness (If not ex	xplain below)	ting to taxes; and	
DATE:	TELEPHONE	E NUMBER:		LOYER IDENTIFICA  OT Individual Social	
Acts of 2004, signed	d, attest that we are i d by the building insp certificate of liquor li	pector and the h	ead of the fire de	partment for th	e above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LIG	CENSING AUTI	HORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15	0800105	CITY OR	R TOWN WORCEST	ER
APPLICATION FOR RE	ENEWAL: An	nual	LICENSED FOR 20	013
	CL	ASS		YEAR
LICENSEE NAME: CI	LARK UNIVERSITY			
DOING BUSINESS A				
ADDRESS 2 MAYWOO	DD ST.			
CITY/TOWN: WORCE	ESTER STATE	: MA ZIP C	CODE: 01608	
MANAGER: VAILLE HEATHE		NSE:Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEA	SE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS	S	_
DESCRIPTION OF LICE	ENSED PREMISES:			
ENFORCED FOR THOS ROOM, ONE EXIT ON I	CATED ON CLARK CAMP SE OVER 21. ONE ROOM ( MAYWOOD ST OR EMER( EADING TO STAIRWELL	ON FIRST FLOOR GENCY USE ONL	AND ONE STORAGE Y,ONE EXIT MAIN S	Е
I hereby certify and swea	r under penalties of perjury t	hat:		
1. the renewed li	icense will be of the same typ	e for the same pren	nises now licensed;	
2. the licensee ha	as complied with all laws of	he Commonwealth	relating to taxes; and	
3. the premises a	are now open for business (If	not explain below)		
SIGNED BY:	dinidual Davimon on Anthonia	od Comonata Offic		
ın	dividual, Partner or Authoriz	ed Corporate Office	er	
DATE:	TELEPHONE NUMBEI	 <b>?</b> ∙	EMPLOYER IDENTIFICAT	TION NUMBER:
	TEEE HOUE TOURE		e: NOT Individual Social S	ecurity Number)
Acts of 2004, signed by	ttest that we are in possession the building inspector and ificate of liquor liability ins	the head of the fir	e department for the	above named
Please Check Below:		LOCAL	LICENSING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved expiaili)				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	2K: 150800106		CITY OR TOWN WO	KCESTEK
APPLICATION FO	OR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: MAYWOOD AS	SOCIATES INC.		
DOING BUSINESS	S A BLARNEY ST	ONE		
ADDRESS 077-79	MAYWOOD ST.			
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE: 016	503
MANAGER: A.B	BOVE, PETER T	YPE OF LICENSE:Res	taurant CATEG	GORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREM	IISES:		
		LLAR FOR STOCK,O OOR, FRONT AND RE	NE STORY BLDG, REA EAR ENTRY	R EXIT,REAR
I hereby certify and	l swear under penalti	es of perjury that:		
1. the rene	wed license will be	of the same type for the	same premises now licens	sed;
2. the licen	nsee has complied wi	th all laws of the Comn	nonwealth relating to taxe	s; and
3. the prem	nises are now open for	or business (If not expla	in below)	
SIGNED BY:			0.07	
	Individual, Partn	er or Authorized Corpo	rate Officer	
D 4 mm				
DATE:	TELEPHO	ONE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
			e certificate required by	
			of the fire department tequired by Chapter 116	
ncense and (2) the	e certificate of fique	n nabinty insurance it	equired by Chapter 110	of the Acts of 2010.
Please Check Below: APPROVED:	٦		LOCAL LICENSING	AUTHORITY
DISAPPROVED:			By:	
(If disapproved exp	blain)			
·France	7			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800107	CITY (	OR TOWN	WORCEST	ER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: KEN CHIN'S INC.				
DOING BUSINESS A				
ADDRESS 270-72 MILL ST				
CITY/TOWN: WORCESTER STA	TE: MA ZIF	P CODE:	01608	
MANAGER: CHIN, ROBERT TYPE OF LI	CENSE: Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADDR	ESS		
DESCRIPTION OF LICENSED PREMISES:				
THREE ROOMS ON FIRST FLOOR, CELLAR F EXITS OTHER THAN FIRE EXITS. HALL LEA			LDG,FOUR	EXTRA
I hereby certify and swear under penalties of perju	ry that:			
1. the renewed license will be of the same	-	emises now	licensed;	
2. the licensee has complied with all laws	of the Commonweal	th relating to	taxes; and	
3. the premises are now open for business	(If not explain below	w)		
SIGNED BY:				
Individual, Partner or Author	orized Corporate Off	icer		
DATE: TELEPHONE NUMI			RIDENTIFICAT	
	(N	lote: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that we are in posses				
Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability				
Please Check Below:	I OC	AL LICENS	ING AUTHO	RITY
APPROVED:	By:	IL LICLING	1107101110	JKIT I
DISAPPROVED:	J			
(If disapproved explain)				
DATE.				
DATE:				



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LICENSE NUMBER	C: 150800109		CI	ITY OR TOW	N WORCES	IEK
APPLICATION FOR	R RENEWAL:	Annua	ા	LIC	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	WORCESTER	LODGE #243 TH	E B.P.O.J	E. OF U.S.A.		
DOING BUSINESS	A					
ADDRESS 233 MIL	L ST.					
CITY/TOWN: WO	RCESTER	STATE:	MA	ZIP CODE:	01608	
MANAGER: Bross	nihan, Daniel 7	TYPE OF LICENS	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAII	ADDRESS		_
DESCRIPTION OF						
18 ROOMS ON FIR EXITS,ONE FOR D AND OUTDOOR PA	ELIVERY,ONE I	FOR UNLOADIN	G,ONE S			
I hereby certify and s	wear under penal	ties of perjury that	:			
1. the renew	ed license will be	of the same type f	or the sar	ne premises n	ow licensed;	
2. the license	ee has complied v	with all laws of the	Common	wealth relatir	ng to taxes; and	
3. the premi	ses are now open	for business (If no	t explain	below)		
SIGNED BY:	Individual, Part	ner or Authorized	Corporat	e Officer		
DATE:	TEI EDU	ONE NUMBER:		EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	IELEFH	ONE NUMBER.			Individual Social S	
We the undersigned Acts of 2004, signed license and (2) the o	d by the building	inspector and the	e head of	the fire dep	artment for the	above named
Please Check Below:			]	LOCAL LICE	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:			]	By:		
(If disapproved expla	nin)					
( aroupprovou enpire	/					
DATE:						
APPLICATION FOR RENEW	VAL MUST BE FILED E	BY LICENSEES DURING	THE MONT	TH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800110		CITY OR TOW	N WORCES	ΓER
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	TATNUCK POST	#288 INC.			
DOING BUSINESS	A				
ADDRESS 570 MII	L ST.				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: LAN	IGEVIN, TYI HARD	PE OF LICENSE:	llub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
ON EACH SIDE OF	FIRST FLOOR,ONE FBLDG AND ONE I FLOOR, TWO STOR	N REAR, NO CEI			
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of	the same type for t	ne same premises no	w licensed;	
2. the licens	see has complied with	all laws of the Co	nmonwealth relating	g to taxes; and	
3. the premi	ises are now open for	business (If not ex	plain below)		
SIGNED BY:	Individual, Partner	or Authorized Co	norate Officer		
	marviaui, i uruici	of Hamorized Col	porate Officer		
DATE:	TELEDIJON	E NUMBER:	FMPI OY	ER IDENTIFICA	ΓΙΟΝ NI IMRER·
	TELEPHON	E NUMBER.		Individual Social S	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	spector and the he	ad of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)		-		
			<del>.</del>		
DATE:					



www.mass.gov/abcc

LICENSE NUM	BER: 150800115		Cľ	TY OR TOW	N WORCES	TER
APPLICATION	FOR RENEWAL:	Annual		LICE	ENSED FOR 2	013
		CLASS				YEAR
DOING BUSINI		FURALIZATION INDE	PENE	DENT CLUB	THE	
CITY/TOWN:	WORCESTER	STATE: MA	4	ZIP CODE:	01608	
MANAGER: N	MACKO,ANNA	TYPE OF LICENSE:	Club		CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL	ADDRESS		_
DESCRIPTION	OF LICENSED PR	EMISES:				
	NTRANCE AT PU	FOUR ROOMS ON SE LASKI SQ,SIDE ENTR				
I hereby certify a	and swear under per	nalties of perjury that:				
1. the re	enewed license will	be of the same type for t	he san	ne premises no	ow licensed;	
2. the lie	censee has complied	d with all laws of the Co	mmon	wealth relating	g to taxes; and	
3. the pr	remises are now ope	en for business (If not ex	plain b	pelow)		
SIGNED BY:	Individual, P	artner or Authorized Co	rporate	e Officer		
DATE:	TELEP	PHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)		
				(Note. <u>NO1</u>	individual Social S	security Number)
Acts of 2004, si	gned by the buildi	re are in possession (1) ng inspector and the ho quor liability insurance	ead of	the fire depa	rtment for the	above named
Please Check Below	<u>":</u>		I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			E	By:		
DISAPPROVED						
(If disapproved e	Apiaiii)		_			
			_			
DATE:						
APPLICATION FOR R	ENEWAL MUST BE FILE	D BY LICENSEES DURING THI	E MONT	H OF NOVEMBER	R (M.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800117		CITY OR TOWN	WORCESTER
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
DOING BUSINESS	UTHWEST CUTOFF		ZIP CODE:	01607
MANAGER: REN		E OF LICENSE: Res		ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS	
	LICENSED PREMISE  SOUTHWEST CUTO  ROOM		S DART BO ARDS	STORAGE AREA,
	ee has complied with a ses are now open for b  Individual, Partner of	usiness (If not expl	nin below)	o taxes; and
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	d by the building insp	ector and the head	l of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 150800122		CITY OR TOWN	WORCESTE	ER
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 201	3 TEAR
	NICOLE'S LOUNGE A STONEY O'BRIEN MILLBURY ST.	EINC		1	EAR
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01610	
	TSON- TYPE ILING, NICOLE	OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISE N FIRST FLOOR,CELI		FOUR STORY BL	DG,REAR EX	IT ON
	see has complied with all ises are now open for but in the seed of	isiness (If not expla	nin below)	taxes, and	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATIO	
Acts of 2004, signe	d, attest that we are in d by the building inspo certificate of liquor lia	ector and the head	l of the fire departi	nent for the a	bove named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explains)	ain)		LOCAL LICENS By:	ING AUTHOI	RITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800127		CITYOR	TOWN W	JKCES I	EK
APPLICATION FOR	RENEWAL:	Annual		LICENSED	FOR 20	13
		CLASS	}		,	YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 42 GREEN	FIDDLER'S		RCESTER INC	2.		
CITY/TOWN: WOR	CESTER	STATE:	MA ZIP C	CODE: 01	1604	
MANAGER: Brown	e, James	TYPE OF LICENSI	E:Restaurant	CATE	GORY:	All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OU	UR WEBSITE AND ENTER YO	DUR EMAIL ADDRESS	;		
DESCRIPTION OF L	ICENSED PRE	MISES:				
FOUR ROOMS ON F. STORY BUILDING.	IRST FLOOR,	SIDE ENTRANCE	TO PARKING	LOT, SIDE E	EXIT, ON	IE .
I hereby certify and sw	ear under pena	lties of perjury that:				
1. the renewed	d license will be	e of the same type fo	r the same pren	nises now lice	nsed;	
2. the licensee	has complied	with all laws of the C	Commonwealth	relating to tax	es; and	
3. the premise	s are now open	for business (If not	explain below)			
SIGNED BY:	Individual, Par	tner or Authorized (	Corporate Office	er		
DATE:	TEI EDH	IONE NUMBER:	F	EMPLOYER IDE	NTIFICAT	ION NUMBER:
	TEELT	IONE NOWIBER.		: <b>NOT</b> Individu		
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building	g inspector and the	head of the fir	e department	t for the	above named
Please Check Below:			LOCAL	LICENSING	S AUTHC	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	n)		-			
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN WORCESTER
LICENSED FOR 2013
SS YEAR
IC.
MA ZIP CODE: 01608
ISE:Restaurant CATEGORY: All Alcohol
R YOUR EMAIL ADDRESS
FICE ON FIRST FLOORDELIVER AREA CELL DING TO 1200SQ FT.
for the same premises now licensed; e Commonwealth relating to taxes; and ot explain below)  d Corporate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
(1706). 1702 marviduai Sociai Security Tumber)
n (1) the certificate required by Chapter 304 of the he head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010.
n (1) the certificate required by Chapter 304 of the he head of the fire department for the above named
n (1) the certificate required by Chapter 304 of the he head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010.
n (1) the certificate required by Chapter 304 of the he head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
n (1) the certificate required by Chapter 304 of the he head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
n (1) the certificate required by Chapter 304 of the he head of the fire department for the above named rance required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY



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LICENSE NUMBER	: 150800129		Ci	HYO	K IOV	MIN	WORCES	IEK
APPLICATION FOR	R RENEWAL:	Annu	al		LIC	CEN	SED FOR 2	013
		CLAS	SS					YEAR
LICENSEE NAME:	MUTUAL BENE	FIT SOC.AWA	KE.BISC	EGLL	A COL	ON	Y WOR	
DOING BUSINESS	A							
ADDRESS 00007A	MUSKEEGO ST.							
CITY/TOWN: WO	RCESTER	STATE:	MA	ZIP	CODE	E:	01604	
MANAGER: SASS	SO, CARLO F. TY	PE OF LICEN	SE:Club			C	ATEGORY:	All Alcohol
EMAIL ADDRESS:								
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL	ADDRE	SS			
DESCRIPTION OF I								
ONE ROOM AND OBOILER ROOM IN DELIVERIES, SIDE	BASEMENT SIDE	ENTRANCE A	AND EXI	ΓIN E	BASEN	<b>IEN</b>	T USED AI	
I hereby certify and s	wear under penaltie	s of perjury tha	t:					
1. the renew	ed license will be of	f the same type	for the sar	ne pre	mises	now	licensed;	
2. the license	ee has complied with	h all laws of the	e Common	wealt	h relati	ng to	taxes; and	
3. the premis	ses are now open for	r business (If no	ot explain	below	·)			
SIGNED BY:	Individual, Partne	er or Authorized	l Corporat	e Offi	cer			
DATE:	TELEPHO	NE NUMBER:			EMPLO	OYER	R IDENTIFICA	TION NUMBER:
				(No	ote: NO	<u>r</u> Ind	ividual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the o	by the building in	ispector and th	ne head of	the f	ire dep	- oartı	nent for the	above named
Please Check Below:			]	LOCA	L LIC	ENS	ING AUTH	ORITY
APPROVED: DISAPPROVED:			]	By:				
(If disapproved expla	 .in)							
(II disapproved expla	···· <i>)</i>							
DATE:								
APPLICATION FOR RENEW	VAL MUST BE FILED BY	LICENSEES DURIN	G THE MONT	TH OF N	OVEMBI	ER (M	.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 150800132		CITY OR TO	WN WORCES	TER
APPLICATION	FOR RENEWAL	.: Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAM	ME: WORCEST	ER AERIE #4311 FRAT	ORDER OF EAG	GLES,INC	
DOING BUSINE	ESS A				
ADDRESS 053-	55 NORFOLK ST	Γ.			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODI	E: 01608	
MANAGER: L	LANGEVIN, RONALD	TYPE OF LICENSE: C	llub	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED F				
ON FIRST FLOO OUT ROOM AN	OR. RECREATION THREE STOR	ETING ROOM THAT CA ON ROOM,2 OFFICES,LO RAGE ROOMS IN CELLA ELIVERIES ONLY. ONE	OCKER ROOM, S AR WITH THRE	STEAM ROOM,	WORK
I hereby certify a	and swear under p	enalties of perjury that:			
1. the re	newed license wil	l be of the same type for the	ne same premises	now licensed;	
2. the lie	censee has compli	ed with all laws of the Cor	nmonwealth relat	ing to taxes; and	
3. the pr	remises are now o	pen for business (If not ex	plain below)		
SIGNED BY:	Individual.	Partner or Authorized Cor	morate Officer		
	,		F		
DATE:	TEI I	EPHONE NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
	TEET	I HONE WOMBER.	(Note: NO	T Individual Social	Security Number)
Acts of 2004, sig	gned by the build	we are in possession (1) the ling inspector and the he liquor liability insurance	ad of the fire de	partment for the	e above named
Please Check Below	<u>.</u>		LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	explain)				
DATE:					



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LICENSE NUMBER	R: 150800133		CITY (	OR TOWN	WORCEST	TER
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	WORCESTER CI	LUB				
DOING BUSINESS	A					
ADDRESS 1 OAK S	ST.					
CITY/TOWN: WO	RCESTER	STATE: MA	A ZII	P CODE:	01608	
	LANT, TY HARD	PE OF LICENSE:	Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDR	RESS		_
DESCRIPTION OF						
8 ROOMS ON FIRS ENTRANCES ON C					BASEMENT	T, TWO
I hereby certify and s	swear under penaltie	es of perjury that:				
1. the renew	ved license will be of	f the same type for t	he same pi	remises now	licensed;	
2. the licens	ee has complied with	h all laws of the Co	mmonweal	lth relating t	to taxes; and	
3. the premi	ses are now open for	r business (If not ex	plain belo	w)		
SIGNED BY:						
	Individual, Partne	er or Authorized Co	rporate Off	ficer		
DATE:	TELEPHON	NE NUMBER:				TION NUMBER:
			(1)	Note: NOT In	dividual Social S	ecurity Number)
We the undersigne	d, attest that we ar	e in possession (1)	the certifi	icate requir	ed by Chapt	er 304 of the
Acts of 2004, signe	d by the building in	spector and the ho	ead of the	fire depart	ment for the	above named
license and (2) the	certificate of liquor	r liability insurance	e required	l by Chapte	er 116 of the	Acts of 2010.
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	aiii <i>)</i>					
DATE:						
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THI	E MONTH OF	NOVEMBER (N	M.G.L. Ch. 138 \$ 10	6A)



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ADDRESS 266 PARK AN CITY/TOWN: WORCES MANAGER: HOPKINS STEPHEN EMAIL ADDRESS:  PLEASI DESCRIPTION OF LICE 4 ROOMS, DINING ROOF FLOOR, ADDITIONAL IEXIT TO PARKING LOOSTORAGE. TWO STORY I hereby certify and swear  1. the renewed lice 2. the licensee has 3. the premises ar SIGNED BY:	CLASS STEVIN INC. HE REGISTRY RESTAURANT /E.  TTER STATE: MA  , TYPE OF LICENSE: R M.  ALSO VISIT OUR WEBSITE AND ENTER YOUR NSED PREMISES: M, KITCHE, STORAGE ROOM FRONT DOOR FOR EMERGENCE FOR DELIVERIES AND EMPL // BLDG., 2ND. FL.; BANQUET// under penalties of perjury that: ense will be of the same type for the	& CLOAK ROOM ON THE FIRST CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
DOING BUSINESS A TRADDRESS 266 PARK AND CITY/TOWN: WORCES MANAGER: HOPKINS STEPHEN EMAIL ADDRESS:  PLEAST DESCRIPTION OF LICE 4 ROOMS, DINING ROOF FLOOR, ADDITIONAL IN EXIT TO PARKING LOTS STORAGE. TWO STORM I hereby certify and swear 1. the renewed lice 2. the licensee has 3. the premises ar SIGNED BY:	STEVIN INC.  HE REGISTRY RESTAURANT  TE.  TER  STATE: MA  TYPE OF LICENSE:R  M.  HALSO VISIT OUR WEBSITE AND ENTER YOUR  NSED PREMISES:  M, KITCHE, STORAGE ROOM  PRONT DOOR FOR EMERGENCY  FOR DELIVERIES AND EMPL  BLDG., 2ND. FL.; BANQUET/  Under penalties of perjury that:  ense will be of the same type for the complied with all laws of the Cor	A ZIP CODE: 01608  Restaurant CATEGORY: All Alcohol  REMAIL ADDRESS  & CLOAK ROOM ON THE FIRST CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
DOING BUSINESS A TRADDRESS 266 PARK AND CITY/TOWN: WORCES MANAGER: HOPKINS STEPHEN EMAIL ADDRESS:  PLEAST DESCRIPTION OF LICE 4 ROOMS, DINING ROOF FLOOR, ADDITIONAL IN EXIT TO PARKING LOTS STORAGE. TWO STORM I hereby certify and swear 1. the renewed lice 2. the licensee has 3. the premises ar SIGNED BY:	HE REGISTRY RESTAURANT  YE.  STER STATE: MA  TYPE OF LICENSE: R  M.  HALSO VISIT OUR WEBSITE AND ENTER YOUR  NSED PREMISES: M, KITCHE, STORAGE ROOM PRONT DOOR FOR EMERGENCY FOR DELIVERIES AND EMPL  Y BLDG., 2ND. FL.; BANQUET/  Under penalties of perjury that: ense will be of the same type for the complied with all laws of the Cor	& CLOAK ROOM ON THE FIRST CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
ADDRESS 266 PARK AN CITY/TOWN: WORCES MANAGER: HOPKINS STEPHEN EMAIL ADDRESS:  PLEASI DESCRIPTION OF LICE 4 ROOMS, DINING ROOF FLOOR, ADDITIONAL IEXIT TO PARKING LOOSTORAGE. TWO STORY I hereby certify and swear  1. the renewed lice 2. the licensee has 3. the premises ar SIGNED BY:	TYPE OF LICENSE:R  TYPE OF LICENSE:R  M.  ALSO VISIT OUR WEBSITE AND ENTER YOUR NSED PREMISES: M, KITCHE, STORAGE ROOM RONT DOOR FOR EMERGENCE FOR DELIVERIES AND EMPL MEDG., 2ND. FL.; BANQUETA  under penalties of perjury that: ense will be of the same type for the complied with all laws of the Cor	& CLOAK ROOM ON THE FIRST CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
CITY/TOWN: WORCES  MANAGER: HOPKINS STEPHEN  EMAIL ADDRESS:  PLEASI  DESCRIPTION OF LICE 4 ROOMS, DINING ROOF FLOOR, ADDITIONAL IF EXIT TO PARKING LOT STORAGE. TWO STORM I hereby certify and swear  1. the renewed lice 2. the licensee has 3. the premises ar  SIGNED BY:	TYPE OF LICENSE:R  TYPE OF LICENSE:R  M.  EALSO VISIT OUR WEBSITE AND ENTER YOUR NSED PREMISES: M, KITCHE, STORAGE ROOM PRONT DOOR FOR EMERGENO FOR DELIVERIES AND EMPL WEBLDG., 2ND. FL.; BANQUET/ Under penalties of perjury that: ense will be of the same type for the complied with all laws of the Cor	& CLOAK ROOM ON THE FIRST CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
MANAGER: HOPKINS STEPHEN  EMAIL ADDRESS:  PLEASI  DESCRIPTION OF LICE  4 ROOMS, DINING ROOF FLOOR, ADDITIONAL IEXIT TO PARKING LOOF STORAGE. TWO STORM  I hereby certify and swear  1. the renewed lice 2. the licensee has 3. the premises ar  SIGNED BY:	TYPE OF LICENSE:R  M.  EALSO VISIT OUR WEBSITE AND ENTER YOUR NSED PREMISES: M, KITCHE, STORAGE ROOM PRONT DOOR FOR EMERGENCY FOR DELIVERIES AND EMPL WILLIAM BENDER OF BENDER OF THE STORAGE ROOM TO FOR DELIVERIES AND EMPL WILLIAM BENDER OF THE STORAGE ROOM TO FOR DELIVERIES AND EMPL WILLIAM BENDER OF THE STORAGE ROOM TO THE	& CLOAK ROOM ON THE FIRST CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
STEPHEN EMAIL ADDRESS:  PLEASI  DESCRIPTION OF LICE 4 ROOMS, DINING ROOF FLOOR, ADDITIONAL I EXIT TO PARKING LOOF STORAGE. TWO STORM I hereby certify and swear  1. the renewed lice 2. the licensee has 3. the premises ar  SIGNED BY:	M.  SALSO VISIT OUR WEBSITE AND ENTER YOUR NSED PREMISES: M, KITCHE, STORAGE ROOM FRONT DOOR FOR EMERGENCE FOR DELIVERIES AND EMPL MY BLDG., 2ND. FL.; BANQUET/MY UNDER UNDER UNDER UNDER UND HER STORE WILL BE SEEN TO SEE THE SEEN WILL BE SEEN WILL BE SEEN WILL BE SEEN WILL BE SEEN WEBSITE AND ENTER UNDER UND HER SEEN WILL BE SEEN WILL BE SEEN WEBSITE AND ENTER UND HER SEEN WILL BE SEEN WEBSITE AND ENTER UND HER SEEN WEBSITE AND ENTER UND HER SEEN WEBSITE AND ENTER YOUR WEBSITE Y	& CLOAK ROOM ON THE FIRST CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
DESCRIPTION OF LICE 4 ROOMS, DINING ROOF FLOOR, ADDITIONAL I EXIT TO PARKING LOOF STORAGE. TWO STORY I hereby certify and swear  1. the renewed lice 2. the licensee has 3. the premises ar  SIGNED BY:	NSED PREMISES:  M, KITCHE, STORAGE ROOM RONT DOOR FOR EMERGENCE FOR DELIVERIES AND EMPL BLDG., 2ND. FL.; BANQUETA under penalties of perjury that: ense will be of the same type for the complied with all laws of the Cor	& CLOAK ROOM ON THE FIRST CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
DESCRIPTION OF LICE 4 ROOMS, DINING ROOFLOOR, ADDITIONAL I EXIT TO PARKING LOT STORAGE. TWO STORY I hereby certify and swear  1. the renewed lice 2. the licensee has 3. the premises ar  SIGNED BY:	NSED PREMISES:  M, KITCHE, STORAGE ROOM RONT DOOR FOR EMERGENCE FOR DELIVERIES AND EMPL BLDG., 2ND. FL.; BANQUETA under penalties of perjury that: ense will be of the same type for the complied with all laws of the Cor	& CLOAK ROOM ON THE FIRST CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
4 ROOMS, DINING ROOFLOOR, ADDITIONAL INTEXIT TO PARKING LOOFLOOPLOOPLOOPLOOPLOOPLOOPLOOPLOOPLOOP	M, KITCHE, STORAGE ROOM FRONT DOOR FOR EMERGENCE FOR DELIVERIES AND EMPLE BLDG., 2ND. FL.; BANQUET/ under penalties of perjury that: ense will be of the same type for the complied with all laws of the Cor	CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
FLOOR, ADDITIONAL I EXIT TO PARKING LOT STORAGE. TWO STORY I hereby certify and swear  1. the renewed lic 2. the licensee has 3. the premises ar  SIGNED BY:	FRONT DOOR FOR EMERGENCE FOR DELIVERIES AND EMPLOY BLDG., 2ND. FL.; BANQUET/LUNDER penalties of perjury that: ense will be of the same type for the complied with all laws of the Corrections.	CY USE ONLY. SIDE ENTRANCE AND OYEES ONLY. BASEMENT FOR FUNCTION ROOM.  the same premises now licensed; mmonwealth relating to taxes; and
1. the renewed lic 2. the licensee has 3. the premises ar  SIGNED BY:	ense will be of the same type for the complied with all laws of the Cor	mmonwealth relating to taxes; and
2. the licensee has 3. the premises ar  SIGNED BY:	complied with all laws of the Cor	mmonwealth relating to taxes; and
3. the premises ar SIGNED BY:	•	_
SIGNED BY:	e now open for business (If not ex	plain below)
	ividual, Partner or Authorized Cor	porate Officer
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by t	he building inspector and the he	the certificate required by Chapter 304 of the ead of the fire department for the above named e required by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
(11 disappioved expialli)		
DATE:		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800137		CITY OR TOWN	WORCESTE	R
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 Y	3 EAR
LICENSEE NAME: DOING BUSINESS ADDRESS 371 PAR	A Lord Vasil's 371				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: Kodr	a-Hoxha, ErionaTYPE	E OF LICENSE: Re	staurant C.	ATEGORY: A	All Alcohol
DESCRIPTION OF FIVE ROOMS ON F	PLEASE ALSO VISIT OUR WEB LICENSED PREMISE FIRST FLOOR,ONE S DRM, REAR EXIT FO	ES: TORY BLDG, CEI	LLAR FOR STORA		ÞR
1. the renew 2. the licens 3. the premi	swear under penalties of red license will be of the ee has complied with a ses are now open for b	ne same type for the	nonwealth relating t		
SIGNED BY:	Individual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATIO	
Acts of 2004, signed	d, attest that we are in d by the building insp certificate of liquor li	ector and the head	d of the fire depart	ment for the ab	oove named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHOR	RITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800138		CITY OR TOWN	WORCEST	ER
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 377 PAR	A NUFCED				TLAK
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: PISK A.	KATOR, JASON TY	PE OF LICENSE:Ge pre	neral on Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF ONE ROOM ON FI DOOR FOR EMERO	RST FLOOR, CELL	AR FOR STORAGE	ONE STORY BUIL	DING, ONE	FRONT
	ses are now open for	n all laws of the Comi business (If not expl	ain below)	o taxes; and	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the head liability insurance r	d of the fire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800139		CITY OR TOWN	WORCEST	ER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: HO TOY LUAU RE	ESTAURANT, INC.			
DOING BUSINESS A				
ADDRESS 401 PARK AVE.				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01610	
MANAGER: CHIN, STEPHEN Y. TYP	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WED DESCRIPTION OF LICENSED PREMIS FOUR ROOMS ON FIRST FLOOR,TWO	ES: ) REAR DOORS,TW		UTH SIDE,C	CELLAR
FOR STORAGE WITH REAR DOOR, TV				
I hereby certify and swear under penalties			1:	
<ol> <li>the renewed license will be of the</li> <li>the licensee has complied with</li> </ol>	• 1	1		
3. the premises are now open for b		_	taxes, and	
SIGNED BY:				
Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHONE	E NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigned, attest that we are a Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liqu	pector and the head	of the fire departr	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disapproved explain)				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800140		CITY OR TOW	N WORCEST	EK
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 413 PARK	mahoney's	n			
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: bartosi	ewicz, john mTY	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
DESCRIPTION OF LI	ICENSED PREM FIRST FLOOR, O	CELLAR FOR STORA		ONE STORY	
BLDG,STORAGE AR I hereby certify and sw					
2. the licensee	has complied wit	f the same type for the th all laws of the Comm or business (If not expla	nonwealth relating		
SIGNED BY:	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	by the building in	re in possession (1) the aspector and the head r liability insurance re	of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE. By:	NSING AUTHO	ORITY
DATE:					



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LICENSE NUMBER:	150800144		C	111	JK TO	WIN	WORCES	DIEK
APPLICATION FOR	RENEWAL:	Annu	ıal		LIC	CENS	SED FOR	2013
		CLA	SS					YEAR
LICENSEE NAME:	SAKURA TOKYO,	INC.						
DOING BUSINESS A	-							
ADDRESS 640 PARK	AVE.							
CITY/TOWN: WOR	CESTER	STATE:	MA	ZII	CODE	Ξ:	01603	
MANAGER: NG, A	NNA TYPE	OF LICEN	SE:Resta	urant		CA	ATEGORY	: All Alcohol
EMAIL ADDRESS:								
PI	EASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAI	L ADDR	ESS			
DESCRIPTION OF L	CENSED PREMISE	ES:						
SIX ROOMS ON THE LOUNGE, KITCHEN, EMERGENCY EXIT	STORAGE AREA A	ND OFFICI	E. REAR	DOO			IVERIES A	AND
I hereby certify and sw	ear under penalties o	of perjury that	ıt:					
1. the renewed	l license will be of th	e same type	for the sa	me pr	emises	now	licensed;	
2. the licensee	has complied with a	ll laws of the	e Commo	nweal	th relati	ing to	taxes; and	l
3. the premise	s are now open for b	usiness (If n	ot explain	belov	w)			
SIGNED BY:	Individual, Partner o	r Authorized	l Corpora	te Off	icer			
				[				
DATE:	TELEPHONE	NUMBER:		0				ATION NUMBER:
				(1)	iole: NO	1 Indi	vidual Social	Security Number)
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building insp	ector and tl	ne head o	f the	fire dep	- partn	nent for th	e above named
Please Check Below:				LOC	AL LIC	ENS	ING AUTI	HORITY
APPROVED:	$\neg$			By:				
DISAPPROVED: (If disapproved explain	_ 1)							
(ii disupproved explain	<del>*</del> /							
DATE:								
APPLICATION FOR RENEWA	L MUST BE FILED BY LIC	ENSEES DURIN	G THE MON	TH OF	NOVEMB	ER (M.	G.L. Ch. 138 \$	16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	50800145		CITY OR TOWN	WORCEST	IEK
APPLICATION FOR R	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: (	COONAN CAFE, IN	C			
DOING BUSINESS A	LEITRIM PUB				
ADDRESS 265-69 PAI	RK AVE.				
CITY/TOWN: WORC	CESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: LENIH. J.	AN, KEVIN TYPE	OF LICENSE:Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLF	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LIG	CENSED PREMISES	S:			
RELOCATION OF HO	OST AND WAITRES	S STATIONS TO	THE CENTE R OF	RESTAUR	ANT.
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises now	licensed;	
2. the licensee	has complied with all	l laws of the Comn	nonwealth relating to	taxes; and	
3. the premises	are now open for bu	siness (If not expla	in below)		
SIGNED BY:					
I	ndividual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER	IDENTIFICAT	ΓΙΟΝ NUMBER:
	122110112	.,	(Note: NOT Ind	ividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b					
license and (2) the cer					
Please Check Below:	•	•			
APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain)	)				
* /					
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800152		CITY OR TOWN	WORCESTER
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 258 PLE	A THE RAVEN PUB	1		
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01609
	TENCOURT, TYPE ISTOPHER	E OF LICENSE:Res	taurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS	
	LICENSED PREMISE		CE AND STOCK I	DOOM ONE STORY
	N FIRST FLOOR, CEI ΓRANCES ON PLEAS			
<ol> <li>the renew</li> <li>the licens</li> </ol>	wear under penalties of ed license will be of the ee has complied with a ses are now open for b	the same type for the all laws of the Comm	nonwealth relating to	
	Individual, Partner o	r Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signed	d by the building insp	ector and the head	of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800153		CITY OR TOWN WORCE	SIEK
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A	A PLEASANT CAF			
ADDRESS 318 PLEA	ASANT ST.			
CITY/TOWN: WOF	RCESTER	STATE: MA	ZIP CODE: 01609	
MANAGER: RIGN	EY, GEORGE TYP	E OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I TWO ROOMS ON F ENTRANCE AND E	IRST FLOOR,CELL		NE STORY BLDG,REAR DO	OR FOR
I hereby certify and s	wear under penalties	of perjury that:		
		* *	same premises now licensed;	
	-		nonwealth relating to taxes; and	d
3. the premis	es are now open for l	business (If not expla	in below)	
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, signed	by the building ins	pector and the head	certificate required by Cha of the fire department for the equired by Chapter 116 of th	ne above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	III <i>)</i>			
				<del></del>
DATE:				



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LICENSE NUMBE	R: 150800154		CITY	OR TOWN	WORCES	TER
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1222 PL	A	NTRY CLUB				
CITY/TOWN: WC		STATE: MA	711	P CODE:	01602	
		YPE OF LICENSE:C			CATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDI	RESS		
DESCRIPTION OF	LICENSED PREM	ISES:				
		UR ON SECOND FL S, TWO CELLAR D				REAR
I hereby certify and	swear under penaltic	es of perjury that:				
1. the renev	ved license will be o	of the same type for the	e same pr	remises nov	v licensed;	
2. the licens	see has complied wit	th all laws of the Con	nmonwea	lth relating	to taxes; and	
3. the prem	ises are now open for	or business (If not exp	olain belo	w)		
SIGNED BY:	Individual, Partne	er or Authorized Corp	oorate Of	ficer		
D. 1.000						
DATE:	TELEPHO	NE NUMBER:	a			FION NUMBER: Security Number)
			(1	Note. NOT III	dividual Social S	security Number)
Acts of 2004, signe	d by the building in	re in possession (1) t nspector and the hea r liability insurance	ad of the	fire depart	tment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: [] (If disapproved expl	ain)					
(ii disappioved expi	u111 <i>)</i>					
DATE:						
	WAI MICT DE EUED DY	LICENCEEC DUDING THE	MONTH OF	NOVEMBER 2	M.C.I. (% 120 % 1	
APPLICATION FOR KENE	WAL MUST BE FILED BY	LICENSEES DURING THE	MONTHOF	MOVEMBER (I	vi.g.l. Cn. 138 \$ 1	OA)



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LICENSE NU	MBER: 150800155		CITY OR TOWN WOR	RCESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE N.	AME: TAMMANY M	IUSIC HALL LLC		
DOING BUSI	NESS A			
ADDRESS 04	3-45 PLEASANT ST.			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 0160	08
MANAGER:	HAMMOND, THOMAS	TYPE OF LICENSE: Res	staurant CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
	S ON FIRST FLOOR,O EMERGENCY AND DI		IE ROOM IN BASEMENT	Γ, TWO REAR
I hereby certify	y and swear under penal	lties of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now license	ed;
2. the	licensee has complied v	with all laws of the Comm	nonwealth relating to taxes	; and
3. the	premises are now open	for business (If not expla	ain below)	
SIGNED BY:				
	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:		IFICATION NUMBER:
			(Note: NOT Individual S	Social Security Number)
			e certificate required by (	
			l of the fire department for equired by Chapter 116 o	
	<u>-</u>	ioi manney mourance i		
Please Check Bell APPROVED:			LOCAL LICENSING A	UTHORITY
DISAPPROVI			By:	
(If disapproved				
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 150800157		CITY OR TOW	N WORCES	TER
APPLICATION FO	OR RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: VINCENT H	IEMMETER, INC			
DOING BUSINES	S A RALPH'S				
ADDRESS 95 PRE	ESCOTT ST.				
CITY/TOWN: W	ORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: MA	ANZELLO, RISTOPHER	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PI	REMISES:			
EITHER END OF FLOOR, ONE ENT	DINER AND SO	ACENT BLDG WITH ON DUGH AND NORTH SIDI EXIT INSIDE BLDG AND DG. OUTSIDE SMOKINO	ES OF BLDG ON ONE OUTSIDE	E ROOM ON	
I hereby certify and	l swear under per	nalties of perjury that:			
1. the rene	wed license will	be of the same type for the	same premises n	ow licensed;	
2. the licer	nsee has complie	d with all laws of the Comr	nonwealth relatin	g to taxes; and	
3. the pren	nises are now op	en for business (If not expla	ain below)		
SIGNED BY:	Individual, F	Partner or Authorized Corpo	orate Officer		
DATE:	TELEI	PHONE NUMBER:		YER IDENTIFICATION INDIVIDUAL SOCIAL SECTION S	
Acts of 2004, sign	ed by the buildi	we are in possession (1) th ing inspector and the head iquor liability insurance r	d of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	loin)				
(11 disapproved exp	naill)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800158		CIT	Y OR TOWN	WORCEST	ΓER		
APPLICATION FOR	RENEWAL:	Annual		LICEN	NSED FOR 20	013		
		CLASS				YEAR		
LICENSEE NAME: DOING BUSINESS A			OF MA.	AM.LEG. IN	C			
ADDRESS 267 PRO	VIDENCE ST.							
CITY/TOWN: WOR	RCESTER	STATE: M	A	ZIP CODE:	01608			
MANAGER: RODE EDW.		E OF LICENSE:	Club	C	CATEGORY:	All Alcohol		
EMAIL ADDRESS:								
	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS							
DESCRIPTION OF LICENSED PREMISES: FOUR ROOMS ON FIRST FLOOR,ONE STORY BLDG,TWO SIDE ENTRANCES AND ENTRANCE FOR DELIVERY TO STORAGE ROOM								
the renewed license will be of the same type for the same premises now licensed;     the licensee has complied with all laws of the Commonwealth relating to taxes; and     the premises are now open for business (If not explain below)  SIGNED BY:  Individual, Partner or Authorized Corporate Officer								
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.								
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		L B -	OCAL LICEN y:	SING AUTH	ORITY		
DATE:			-					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800160	C	ITY OR TOWN	WORCEST	ER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: WORCESTER	COUNTRY CLUB			
DOING BUSINESS A				
ADDRESS 2 RICE ST.				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: Kipp, Hettie	TYPE OF LICENSE:Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMAIL	L ADDRESS		L
DESCRIPTION OF LICENSED PRE	MISES:			
7 ROOMS ON FIRST FLOOR, 13 OF ON FIRST FLOOR AT END OF CLU			RAGE, TERI	RACE
I hereby certify and swear under pena	lties of perjury that:			
1. the renewed license will be	e of the same type for the sai	me premises now	licensed;	
2. the licensee has complied	with all laws of the Commor	nwealth relating to	taxes; and	
3. the premises are now open	for business (If not explain	below)		
SIGNED BY:				
Individual, Par	tner or Authorized Corporat	te Officer		
DATE: TELEPH	IONE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
		(Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigned, attest that we	are in passession (1) the e	ortificato rocuire	nd by Chante	or 304 of the
Acts of 2004, signed by the building				
license and (2) the certificate of liqu	uor liability insurance requ	uired by Chapter	r 116 of the A	Acts of 2010.
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		Ву:		
DISAPPROVED:				
(If disapproved explain)				
D 4 mg				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800162		CITY OR TOWN	WORCEST	ER
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	)13 YEAR
	JOHN A TARASHUO A MCGUIRE'S PLAC US PLACE				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01603	
MANAGER: TAR JOHI		OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISES			ANGEG AND	
	RST FLOOR,CELLAR RAMP FOR HANDICA	the state of the s		ANCES AND	)
<ol> <li>the renew</li> <li>the license</li> </ol>	wear under penalties of ed license will be of the ee has complied with al ses are now open for bu	e same type for the I laws of the Comr	nonwealth relating t		
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE I	NUMBER:			TION NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building inspe certificate of liquor lia	ector and the head	l of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	<b>X</b> : 150800164	(	CITY OR TOWN WORCE	SIEK
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	FLAMINGO REST. O	CO. INC.		
DOING BUSINESS	A BREW CITY			
ADDRESS 102-10 S	SHREWSBURY			
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE: 01608	
MANAGER: AZZ GER		OF LICENSE: Resta	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISES	S:		
TWO ST. BLDG 3 F	RMS 1ST FLR TWO DI	N AREAS KIT. LO	OUNGE RECEPT. AREA CE	LLAR
	swear under penalties of			
		* *	ame premises now licensed;	
	•		onwealth relating to taxes; and	d
3. the premi	ses are now open for bu	siness (If not explain	n below)	
SIGNED BY:				
5161.25 51.	Individual, Partner or	Authorized Corpora	ate Officer	
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
We the undersione	d attact that we are in	negacion (1) the	aautifiaata uaaniuad by Cha	nton 201 of the
			certificate required by Cha of the fire department for tl	
license and (2) the	certificate of liquor lia	bility insurance rec	quired by Chapter 116 of th	e Acts of 2010.
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	ain)			
DATE:				
DAIL.				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSED FOR 2013
YEAR
ZIP CODE: 01608
taurant CATEGORY: All Alcohol
AIL ADDRESS
same premises now licensed;
onwealth relating to taxes; and
in below)
rate Officer
rate Officer
rate Officer
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above named
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010.
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
S



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800167		CITY OR TOWN	WORCESTER
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 121 SHE	A	F WORCESTER IN	NC. THE	
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608
MANAGER: DAC ROB	ENELLO, TYI ERT J.	PE OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
			PART OF THREE S NTRANCE TO FIRS	TORY BLDG,REAR ST FLOOR
	ses are now open for		· · · · · · · · · · · · · · · · · · ·	o taxes; and
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signe	d by the building in	spector and the he	ad of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 150800168		CITY OR TOWN	WORCESTER
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 148 SHE CITY/TOWN: WO	A PARKWAY DIN REWSBURY ST.	BROS. INC.	ZIP CODE:	01608
	NGELISTA, TY	PE OF LICENSE: Re		ATEGORY: All Alcohol
EMAIL ADDRESS:				
		EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	TH DINER ATTAC	SES: CHED WITH FOOD ( COND FLOOR FOR		EN,STOCK ROOM
3. the premi		r or Authorized Corp	·	
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building in	spector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800169		CITY OR TOWN	WORCESTER
APPLICATION FOR	R RENEWAL	.: Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SAN VENT	CURES LLC		
DOING BUSINESS	A CAFÉ DO	LCE'		
ADDRESS 154 SHR	EWSBURY	ST.		
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608
	RIGAN, HAEL F.	TYPE OF LICENSE: RO	estaurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED P	'REMISES:		
FOUR ROOMS, DIN REAR EXIT, NO CI		AND THREE STORAGE	ROOMS, TWO FRON	IT EXITS AND ONE
3. the premi SIGNED BY:		pen for business (If not exp		
DATE:	TELE	EPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004, signed	d by the build	we are in possession (1) the ding inspector and the heal liquor liability insurance	d of the fire departm	nent for the above named
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved expla	ain)			
D. 1. 27.2				
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 1508001/1		CITY OR TOW	N WORCES	IEK
APPLICATIO	N FOR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: EAST SIDE	IMPROVEMENT CLUB	INC.		
DOING BUSI	NESS A				
ADDRESS 17	0 SHREWSBURY S	ST.			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER:	Flaminio, John V	TYPE OF LICENSE:CI	ub	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED P	REMISES:			
		HEN AND STORAGE ON E ESCAPES,TWO STOR			ORS FOR
I hereby certify	y and swear under pe	enalties of perjury that:			
1. the	renewed license will	be of the same type for the	e same premises n	ow licensed;	
2. the	licensee has complie	ed with all laws of the Com	monwealth relatir	ng to taxes; and	
3. the	premises are now op	pen for business (If not exp	lain below)		
SIGNED BY:					
	Individual, I	Partner or Authorized Corp	orate Officer		
DATE:	TELE	PHONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the under	rsigned, attest that y	we are in possession (1) th	ne certificate rea	uired by Chapt	er 304 of the
Acts of 2004,	signed by the build	ing inspector and the hea	d of the fire dep	artment for the	above named
license and (2	2) the certificate of l	liquor liability insurance	required by Cha	pter 116 of the	Acts of 2010.
Please Check Belo	ow:		LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	a explain)				
DATE.					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	K: 150800172		CITY OR TOWN WOR	CESTER
APPLICATION FO	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	THREE STO	OGES LLC		
DOING BUSINESS	A LASCALA			
ADDRESS 183 SHE	REWSBURY ST	Γ.		
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE: 0160	)8
MANAGER: ZON	IA,KEVIN	TYPE OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	EMISES:		
		N FIRST FLOOR, CELLA CE TO CELLAR,FOUR S		EXIT FROM
I hereby certify and	swear under pen	alties of perjury that:		
1. the renew	ved license will l	be of the same type for the	same premises now license	ed;
2. the licens	see has complied	l with all laws of the Comn	nonwealth relating to taxes	; and
3. the premi	ises are now ope	en for business (If not expla	nin below)	
SIGNED BY:				
	Individual, Pa	artner or Authorized Corpo	rate Officer	
DATE:	TELEP	HONE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual)	Social Security Number)
We the undersigne	ed. attest that w	e are in possession (1) the	e certificate required by (	Chapter 304 of the
Acts of 2004, signe	d by the building	ng inspector and the head	of the fire department f	or the above named
license and (2) the	certificate of li	quor liability insurance r	equired by Chapter 116 o	of the Acts of 2010.
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				
DITIL.				



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LICENSE NUMI	BEK: 1508001//		CITY OR TOWN WOR	CESTER
APPLICATION	FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAM	ME: WEXFORD HO	OUSE INC. THE		
DOING BUSINE	ESS A			
ADDRESS 503 S	SHREWSBURY ST.			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 0160	)4
	CRAVEDI, 7 RICHARD	ΓΥΡΕ OF LICENSE:R	estaurant CATEGO	ORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	MISES:		
	ON FIRST FLOOR, C ND EXIT ON WARD!		GE,KITCHEN, ONE STOR	Y BLDG,
I hereby certify a	nd swear under penal	ties of perjury that:		
1. the real	newed license will be	of the same type for the	ne same premises now license	ed;
2. the lic	ensee has complied v	vith all laws of the Con	nmonwealth relating to taxes	; and
3. the pr	emises are now open	for business (If not exp	olain below)	
SIGNED BY:				
2101,22 21.	Individual, Part	tner or Authorized Corp	porate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENT	IFICATION NUMBER:
	122211		(Note: NOT Individual	Social Security Number)
Acts of 2004, sig	gned by the building	inspector and the hea	he certificate required by 0 ad of the fire department fo required by Chapter 116 o	or the above named
Please Check Below:	<u>:</u>		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xplain)			
DATE:				
APPLICATION FOR RI	ENEWAL MUST BE FILED F	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



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LICENSE NUMB	ER: 150800178		CITY (	OR TOWN	WORCEST	ER
APPLICATION F	OR RENEWAL:	Annual	I	LICEN	SED FOR 20	013
		CLASS	S			YEAR
DOING BUSINES	SS A	ONEY ISLAND INC	2.			
	5 SOUTHBRIDGE			D CODE	01.000	
CITY/TOWN: W				P CODE:	01608	
	SANDIKOS, DANNA	TYPE OF LICENSI	3:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					]
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER Y	OUR EMAIL ADDF	RESS		_
	OF LICENSED PRE					
	ON FIRST FLOOR R RECEIVING STO	R, CELLAR FOR ST OCK ONLY	'ORAGE,TW	O STORY	BLDG, REA	R
I hereby certify an	d swear under pena	lties of perjury that:				
1. the ren	ewed license will be	e of the same type for	or the same pr	remises now	licensed;	
2. the lice	ensee has complied	with all laws of the	Commonwea!	lth relating t	to taxes; and	
3. the pre	mises are now open	for business (If not	explain below	w)		
SIGNED BY:	Individual, Par	tner or Authorized (	Corporate Of	ficer		
DATE:	TELEPH	IONE NUMBER:				TION NUMBER:
			(1)	Note: <u>NOT</u> Inc	dividual Social S	ecurity Number)
Acts of 2004, sign	ned by the building	are in possession ( g inspector and the uor liability insura	head of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved ex	.piaiii <i>)</i>					
DATE:						
APPLICATION FOR REI	NEWAL MUST BE FILED	BY LICENSEES DURING	THE MONTH OF	NOVEMBER (M	1.G.L. Ch. 138 \$ 10	5A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800180		CITY OR TOW	N WORCES	EK
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DING HO DYNAST	ſY, INC			
DOING BUSINESS A	A DINGO HO REST	AURANT			
ADDRESS 036-40 S0	OUTHBRIDGE ST				
CITY/TOWN: WOR	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: NG, J	OHN TYPI	E OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISI	ES:			
THREE ROOMS ON DOORS.	FIRST FLOOR, SEE	RVICE BAR,CELL	AR FOR STORA	AGE, TWO REA	AR .
I hereby certify and sv	wear under penalties of	of perjury that:			
1. the renewe	ed license will be of the	ie same type for the	same premises n	ow licensed;	
2. the license	e has complied with a	ıll laws of the Comm	nonwealth relatir	ng to taxes; and	
3. the premise	es are now open for b	usiness (If not expla	ain below)		
SIGNED BY:			0.07		
	Individual, Partner of	or Authorized Corpo	orate Officer		
D 4 (TIE)					
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	ecurity Number)
We the undersigned					
Acts of 2004, signed license and (2) the co					
Please Check Below:	•	•		-	
APPROVED:			By:	ENSING AUTH	OKII I
DISAPPROVED:			zy.		
(If disapproved explain	n)				
DATE:			<u> </u>		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 150800182		CITY OR TOWN	WORCESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: AA BROTH	ERS INC.		
DOING BUSI	NESS A EMPEROF	R'S CLUB		
ADDRESS 24	1 SOUTHBRIDGE	ST.		
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01608
MANAGER:	GUARDIOLA, ALEJANDRO	TYPE OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
OFFICE, STO	RAGE AREA & GA	FL., INTERNAL STAIRW ME RM., 1 ROOF, 1 RM IGHT HOURS ALTERA'	.&OPEN DECK, BAS	SEMENT ACCESS
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now	licensed;
2. the	licensee has complie	ed with all laws of the Con	nmonwealth relating to	taxes; and
3. the	premises are now op	en for business (If not exp	olain below)	
SIGNED BY:		Doutnon on Authorized Com	nomata Officer	
	individual, i	Partner or Authorized Cor	porate Officer	
DATE:	mpr p		EMBLOVED	DENTIFICATION NUMBER:
DITTE.	TELE	PHONE NUMBER:		ividual Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the he	ad of the fire departn	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)		-	
DATE:				
DAIL.				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800183		CITY OR TOWN	WORCEST	EK
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	JOLO,INC.				
DOING BUSINESS A	HURRICANE BET	TYS			
ADDRESS 350 SOUT	THBRIDGE ST.				
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: O'GRA	ADY, MYLES TYPE	OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		J
DESCRIPTION OF L	ICENSED PREMISE	S:			
TWO ROOMS ON FI FLOORS ELIMINAT		AR FOR STOCK,O	NE STORY BLDG	. TOP THRE	E
I hereby certify and sw	vear under penalties o	f perjury that:			
1. the renewed	d license will be of the	e same type for the	same premises now	licensed;	
2. the licensee	e has complied with a	ll laws of the Comn	nonwealth relating t	o taxes; and	
3. the premise	es are now open for bu	ısiness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner of	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:			TON NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned,	attest that we are in	nossession (1) the	certificate requir	ed by Chanto	er 304 of the
Acts of 2004, signed	by the building insp	ector and the head	of the fire depart	ment for the	above named
license and (2) the ce	ertificate of liquor lia	ability insurance r	equired by Chapte	r 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 150800185		CITY OR TOWN	WORCESTER
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1030 SC	A HERBIE'S			
CITY/TOWN: WO		STATE: MA	ZIP CODE:	01608
MANAGER: NIEI		PE OF LICENSE: Re		ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W		MAIL ADDRESS	
ONE ROOM ON FI	LICENSED PREMIS RST FLOOR, CELL OF AND EXTERIOR	AR FOR STOCK, RI		XIT, ONE STORY ER AND LANDING
	ee has complied with ses are now open for Individual, Partner		ain below)	o taxes, and
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building in	spector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER: 15	0800186		CITY (	OR TOWN	WORCES	TER
APPLICATION FOR RI	ENEWAL:	Annual		LICEN	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: Y	E OLDE LAMPLIC	GHTER II INC.				
DOING BUSINESS A	LAMPLIGHTER II					
ADDRESS 187 SOUTH	WEST CUTOFF					
CITY/TOWN: WORCE	ESTER	STATE: MA	ZIF	CODE:	01608	
MANAGER: WHITE, CHARLI		OF LICENSE:R	estaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDR	ESS		
DESCRIPTION OF LIC						
ALTER TO ADD A 3672 SURROUNDED BY A 6						
I hereby certify and swea	r under penalties of	f perjury that:				
1. the renewed l	icense will be of the	e same type for th	ne same pr	emises nov	w licensed;	
2. the licensee h	as complied with al	ll laws of the Cor	nmonweal	th relating	to taxes; and	
3. the premises a	are now open for bu	usiness (If not exp	plain belov	v)		
SIGNED BY:			0.00	_		
In	idividual, Partner or	r Authorized Cor	porate Off	ıcer		
DATE:				EMPLOWE		TION AND OPEN
DATE.	TELEPHONE	NUMBER:	(N			TION NUMBER: Security Number)
We the undersigned, at Acts of 2004, signed by						
license and (2) the cert						
Please Check Below:			LOCA	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						
APPLICATION FOR RENEWAL	MUST BE FILED BY LICE	ENSEES DURING THE	MONTH OF I	NOVEMBER (	M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NUI	MBER: 150800187		CITY OR TOWN WORCE	STER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: PJD ENTERTA	INMENT OF WORCES	TER, INC.	
DOING BUSI	NESS A CENTERFOL	DS II/ ENZIO'S CAFE		
ADDRESS 229	9 SOUTHWEST CUTO	OFF		
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 01608	
MANAGER:	MC CABE, ROBERT	ΓΥΡΕ OF LICENSE: Rest	caurant CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
		R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PRE			
ACCESS, NEV	W ENTRY VESTIBUL! // BASEMENT (NEW l	E, NEW EXTERIOR WA	SSED PREMISES W/ EMERO ALK-IN COOLER, ONE STO SEMENT), NEW REAR STA	ORY
I hereby certify	and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the s	same premises now licensed;	
2. the	licensee has complied v	vith all laws of the Comm	onwealth relating to taxes; an	d
3. the	premises are now open	for business (If not explain	in below)	
SIGNED BY:		ner or Authorized Corpor	rate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Acts of 2004,	signed by the building	inspector and the head	certificate required by Cha of the fire department for the quired by Chapter 116 of the	he above named
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	і ехріані)			
				<del></del>
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800188		CITY OR TOW	N WORCES	TER
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	KELLY W., INC.				
DOING BUSINESS	A CLUB KAS BAR				
ADDRESS 234 SOI	UTHWEST CUTOFF				
CITY/TOWN: WC	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: KAS	SPUTIS, TYPE CILLE L	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
DOOR FOR ENTRA COURTS, 1 BOCC	FLOOR, CELLAR FO ANCE & EXIT, PATIC I BALL COURT, CLEF ED W/8 FT. FENCE.	33X11 FOR DAY	LIGHT USE. 2 V	OLLEY BALI	
I hereby certify and	swear under penalties o	f perjury that:			
1. the renev	wed license will be of the	e same type for the	same premises no	ow licensed;	
2. the licens	see has complied with a	ll laws of the Com	monwealth relating	g to taxes; and	
3. the prem	ises are now open for bu	usiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are in d by the building insp certificate of liquor lia	ector and the hea	d of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:   (If disapproved expl					
(11 disappioved expi	am)				
			-		
DATE:			-		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 150800190		CITY OR TOWN	WORCESTER	
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR	
	ZORBAS PIZZERI. A ZPRBAS RESTAI FFORD ST.	A TAVERNS, INC		T LZ IIX	
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: DIM A A	OPOULOS,NUSTYP	E OF LICENSE:Re	estaurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
4 ROOMS ON 1ST	LICENSED PREMIS FL., DINING ROOM, TDOOR DECK-PATI	KITCHEN, OFFIC	CE AND STORAGE	, NO CELLAR, ONE	
2. the licens	red license will be of the see has complied with sees are now open for be seed Individual, Partner of	all laws of the Compusiness (If not exp	monwealth relating to		
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER:	
Acts of 2004, signe	d by the building insp	pector and the hea	ne certificate require d of the fire departi	ed by Chapter 304 of the ment for the above named	
	certificate of fiquor f	iability insurance		r 116 of the Acts of 2010.	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.	ain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15080	00192	CITY OR TOWN	WORCESTER
APPLICATION FOR RENI	EWAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LEO	J., LEO R., & ROSEMARIE C	ICERO	
DOING BUSINESS A CIC	ERO'S		
ADDRESS 17 SUFFOLK S	T.		
CITY/TOWN: WORCEST	TER STATE: M	A ZIP CODE:	01608
MANAGER:	TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
TWO ROOMS ON FIRST I	FLOOR, CELLAR FOR STOCI	K,TWO STORY BLDO	GONE SIDE EXIT
I hereby certify and swear un	nder penalties of perjury that:		
1. the renewed licer	nse will be of the same type for	the same premises now	licensed;
2. the licensee has o	complied with all laws of the Co	mmonwealth relating to	taxes; and
3. the premises are	now open for business (If not ex	xplain below)	
SIGNED BY:		0.07	
	idual, Partner or Authorized Co	rporate Officer	
	idual, Partner or Authorized Co	orporate Officer	
Indiv			
	idual, Partner or Authorized Co	EMPLOYER	I IDENTIFICATION NUMBER:
Indiv		EMPLOYER	t IDENTIFICATION NUMBER: ividual Social Security Number)
Indiv DATE: We the undersigned, attes	TELEPHONE NUMBER: t that we are in possession (1)	EMPLOYER (Note: NOT Ind	ed by Chapter 304 of the
DATE:  We the undersigned, attes Acts of 2004, signed by the	TELEPHONE NUMBER:  It that we are in possession (1) be building inspector and the h	EMPLOYEF (Note: <u>NOT</u> Ind the certificate require ead of the fire departi	ed by Chapter 304 of the ment for the above named
DATE:  We the undersigned, attes Acts of 2004, signed by the license and (2) the certific	TELEPHONE NUMBER: t that we are in possession (1)	EMPLOYER (Note: NOT Indentificate require department of the fire department of the required by Chapte	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
DATE:  We the undersigned, attes Acts of 2004, signed by the license and (2) the certific	TELEPHONE NUMBER:  It that we are in possession (1) be building inspector and the h	EMPLOYER (Note: NOT Ind  the certificate require ead of the fire departs e required by Chapte  LOCAL LICENS	ed by Chapter 304 of the ment for the above named
DATE:  We the undersigned, attes Acts of 2004, signed by the license and (2) the certification of the certificatio	TELEPHONE NUMBER:  It that we are in possession (1) be building inspector and the h	EMPLOYER (Note: NOT Indentificate require department of the fire department of the required by Chapte	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
DATE:  We the undersigned, attes Acts of 2004, signed by the license and (2) the certific	TELEPHONE NUMBER:  It that we are in possession (1) be building inspector and the h	EMPLOYER (Note: NOT Ind  the certificate require ead of the fire departs e required by Chapte  LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
DATE:  We the undersigned, attes Acts of 2004, signed by the license and (2) the certific Please Check Below:  APPROVED:  DISAPPROVED:	TELEPHONE NUMBER:  It that we are in possession (1) be building inspector and the h	EMPLOYER (Note: NOT Ind  the certificate require ead of the fire departs e required by Chapte  LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
DATE:  We the undersigned, attes Acts of 2004, signed by the license and (2) the certific Please Check Below:  APPROVED:  DISAPPROVED:	TELEPHONE NUMBER:  It that we are in possession (1) be building inspector and the h	EMPLOYER (Note: NOT Ind  the certificate require ead of the fire departs e required by Chapte  LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800193		CITY OR TOWN	WORCESTER
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: VINCENT'S INC.			
DOING BUSINESS	S A			
ADDRESS 49 SUF	FOLK ST.			
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE:	01608
	MMETER, TYI ICENT P.	PE OF LICENSE: Res	taurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	FLICENSED PREMIS	SES:		
	FIRST FLOOR,CELI T. EXTENSION TO I			EE STORY S DAYLIGHT HOURS
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	wed license will be of	the same type for the	same premises now	licensed;
2. the licen	see has complied with	all laws of the Comm	onwealth relating to	o taxes; and
3. the prem	ises are now open for	business (If not expla	in below)	
SIGNED BY:	Individual Doutean	on Authorized Compo	roto Officer	
	marviduai, Partiiei	or Authorized Corpo	rate Officer	
DATE:	TELEDHON	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TELEFHON	E NUMBER.		lividual Social Security Number)
Acts of 2004, signe	ed by the building in	spector and the head	of the fire departs	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	laın)			
			-	
DATE:				



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LICENSE NU	MBER: 150800195		CITY OR TOWN	WORCESTI	ER
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		<b>▼</b>	YEAR
LICENSEE NA	AME: ELM PARK GR	ILLE INC.			
DOING BUSI	NESS A ELM PARK GI	RILLE			
ADDRESS 87	TOWNSEND ST.				
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER:	SINGAS, T'KONSTANTINOS	YPE OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
-	N OF LICENSED PREM				
33' X 8' ADD DINING.	OITION TO THE LOUNG	GE SIDE OF RESTA	URANT ADDING 28	3 SEATS FOR	
I hereby certify	y and swear under penalti	es of perjury that:			
1. the	renewed license will be o	of the same type for the	ne same premises now	licensed;	
2. the	licensee has complied wi	th all laws of the Cor	nmonwealth relating t	to taxes; and	
3. the	premises are now open for	or business (If not exp	plain below)		
SIGNED BY:			0.00		
	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:					
DATE.	TELEPHO	ONE NUMBER:		R IDENTIFICATI dividual Social Se	
			( · · · · · <u>- · · · · · · · · · · · · · </u>	ar radian Bootan Bo	carry ramour,
	rsigned, attest that we a				
	signed by the building i c) the certificate of liquo				
Please Check Belo	ow:	·	LOCAL LICENS	SING AUTHO	DITV
APPROVED:			By:	mio Actiio	MII I
DISAPPROVE	-		,		
(If disapproved	l explain)				
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FILED BY	/ LICENSEES DURING THE	MONTH OF NOVEMBER (A		A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800196		CITY OR TOWN	WORCESTER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	: MAXWELL SIL	VERMAN'S TOOL	HOUSE LTD.	
DOING BUSINESS	SA			
ADDRESS 25 UNIO	ON ST.(1ST FL)			
CITY/TOWN: WC	ORCESTER	STATE: M	A ZIP CODE:	01608
	RDANO, T' BERT J.	YPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	IISES:		
	ICE ON FIRST FLO		ROOM DINING AND AR FOR DISPLAY ON	SERVICE,OFFICE, 5 NLY, TWO SIDE
I hereby certify and	swear under penalti	es of perjury that:		
1. the renev	wed license will be o	of the same type for	the same premises now	licensed;
2. the licens	see has complied wi	th all laws of the Co	ommonwealth relating t	o taxes; and
3. the prem	ises are now open for	or business (If not e	xplain below)	
SIGNED BY:	T 11 1 1 D		. 0.00	
	Individual, Partn	er or Authorized Co	orporate Officer	
DATE:				
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(1101c. <u>1101</u> III)	iividdai Sociai Security Ivumber)
Acts of 2004, signe	ed by the building i	nspector and the h	ead of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	lain)		<del></del>	
			<del> </del>	
D.A. III.				
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800197		CITY OR TOWN	WORCESTER
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MAXWELL SILVE	RMAN'S TOOLHO	USE LTD	
DOING BUSINESS A	A CLUB MAXINE'S			
ADDRESS 25 UNIO	N ST(4TH FLR)			
CITY/TOWN: WOF	RCESTER	STATE: MA	ZIP CODE:	01608
MANAGER: GIOR ROBI	,	E OF LICENSE: Resi	caurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI		AIL ADDRESS	
DESCRIPTION OF I				
TWO ROOMS ON F FIRE EXITS IN REA				TO PREMISES,TWO
I hereby certify and sy				
1. the renewe	ed license will be of the	ne same type for the	same premises now	licensed;
2. the license	ee has complied with a	all laws of the Comm	onwealth relating to	taxes; and
3. the premis	es are now open for b	ousiness (If not expla	in below)	
SIGNED BY:	Individual, Partner of	or Authorized Corpo	rate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Indi	ividual Social Security Number)
Acts of 2004, signed	by the building insp	pector and the head	of the fire departn	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expla	 in)			
(II disapproved expia	···· <i>)</i>			
DATE:			-	<del></del>



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800199		CITY OR TO	WN WORCE	SIEK
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME	: THE HARP & EA	AGLE RESTAURAN	T COMPANY,	INC.	
DOING BUSINESS	S A O'CONNOR'S F	RESTAURANT & BA	AR		
ADDRESS 1160 W	. BOLYSTON ST.				
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP COD	E: 01608	
	ONNOR, TY AIRE ANN	YPE OF LICENSE:R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	ISES:			
2. the licen	see has complied wit	f the same type for the th all laws of the Comor business (If not exp	nmonwealth rela		i
SIGNED BY:	Individual, Partno	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFIC.  OT Individual Socia	
Acts of 2004, signe	ed by the building in	re in possession (1) the nspector and the hear r liability insurance	nd of the fire de	partment for th	ne above named
Please Check Below:			LOCAL LIC	CENSING AUT	HORITY
APPROVED:			By:		
DISAPPROVED:	loin)				
(If disapproved exp	14111 <i>)</i>				
DATE:					



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LICENSE NU	MBER: 150800201		CITY OR TOWN	WORCESTER
APPLICATIO	N FOR RENEWAL	.: Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: KJN, INC.			
DOING BUSI	NESS A GREENDA	ALE'S PUB		
ADDRESS 40	4-40 W. BOYLSTO	)N		
CITY/TOWN:	WORCESTER	STATE: M	A ZIP CODE:	01608
MANAGER:	NICHOLAS, KENNETH J.	TYPE OF LICENSE:	Restaurant C	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
-	N OF LICENSED P			
		R, WALK IN COOLER, ( AND EXIT FOR DELIV		AGE, ONE STORY
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license wil	ll be of the same type for	the same premises nov	v licensed;
2. the	licensee has complie	ed with all laws of the Co	mmonwealth relating	to taxes; and
3. the	premises are now of	pen for business (If not ex	(plain below)	
SIGNED BY:				
	Individual,	Partner or Authorized Co	rporate Officer	
D 4 777				
DATE:	TELE	EPHONE NUMBER:		ER IDENTIFICATION NUMBER: adividual Social Security Number)
			(1101c. <u>1101</u> III	dividual Social Security (vulliber)
				red by Chapter 304 of the
				tment for the above named er 116 of the Acts of 2010.
•		nquoi nabinty nisuranc	e required by Chapu	er 110 or the Acts of 2010.
Please Check Beld APPROVED:				SING AUTHORITY
DISAPPROVI			By:	
(If disapproved				
**	-			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FIL	LED BY LICENSEES DURING TH	E MONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	<b>C</b> : 150800202		CITY OR TOWN WOR	KCESTER
APPLICATION FOI	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A SMITTY'S PUB	RPRISES, INC		
ADDRESS 611-61 V				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE: 016	08
MANAGER: ZOP	PO, DANEIL R. TY	PE OF LICENSE: Res	taurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:		EBSITE AND ENTER YOUR EN	1AIL ADDRESS	
DESCRIPTION OF				
TWO ROOMS ON I		E STORY BLDG,TWO	O REAR EXIT 611A W B	OYLSTON ST,
I hereby certify and s	•			
		• •	same premises now licens	
	•	n all laws of the Comn business (If not expla	nonwealth relating to taxes nin below)	; and
SIGNED BY:	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual	TIFICATION NUMBER: Social Security Number)
Acts of 2004, signed	d by the building in	spector and the head	e certificate required by ( l of the fire department f equired by Chapter 116 (	or the above named
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:	nin)			
(If disapproved expla	aiii <i>)</i>			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 150800203		CITY	OR TOWN	WORCES	TER
APPLICATION F	OR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAM	E: STARS INC					
DOING BUSINES	SS A ART'S DINER					
ADDRESS 541 W	. BOYLSTON ST					
CITY/TOWN: W	ORCESTER	STATE: MA	ZI	P CODE:	01608	
MANAGER: RC	OY, DOUGLAS TY	YPE OF LICENSE: G	eneral or remise	1 C	CATEGORY:	All Alcohol
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADD	RESS		
	F LICENSED PREM					
CINDER BLOCK	'ING OF ONE ROOM ROOM FOR STORA E,KITCHEN DOOR I	AGE, REAR ENTRA	NCE,TW	O FRONT		
I hereby certify and	d swear under penaltie	es of perjury that:				
1. the rene	ewed license will be o	of the same type for the	e same p	remises nov	v licensed;	
2. the lice	nsee has complied wi	th all laws of the Con	nmonwea	lth relating	to taxes; and	
3. the pres	mises are now open for	or business (If not exp	olain belo	w)		
SIGNED BY:	Individual, Partne	er or Authorized Corp	oorate Of	ficer		
DATE:	TELEPHO	NE NUMBER:	(			FION NUMBER:
Acts of 2004, sign	ned, attest that we an ned by the building i ne certificate of liquo	nspector and the hea	ad of the	fire depart	ment for the	above named
Please Check Below:			LOC	CAL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved ex	plain)					
(11 disappioved ex	piaiii)					
DATE:						



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LICENSE NU	MBER: 150800205		CITY OR TOWN	WORCESTER	
APPLICATIO	ON FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE N DOING BUSI		RANTS OF BOSTON,II	NC.		
	00 W. BOYLSTON S	т			
	: WORCESTER	STATE: MA	ZIP CODE:	01608	
	WUELFING, PETER K.	TYPE OF LICENSE:		ATEGORY: All Alcohol	l
			_		
EMAIL ADD		OUR WEBSITE AND ENTER YOU	PEMAII ADDDESS		
DESCRIPTIO	ON OF LICENSED PI		CEMAIL ADDRESS		
TWO ROOMS	S ON FIRST FLOOR	CONSISTING OF KITON ONE EXIT FROM			
I hereby certif	y and swear under pe	nalties of perjury that:			
1. the	renewed license will	be of the same type for t	he same premises now	licensed;	
2. the	licensee has complie	d with all laws of the Co	mmonwealth relating t	o taxes; and	
3. the	premises are now op	en for business (If not ex	plain below)		
SIGNED BY		Partner or Authorized Con	porate Officer		
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER	
Acts of 2004,	, signed by the build	ing inspector and the ho	ead of the fire depart	ed by Chapter 304 of the ment for the above name or 116 of the Acts of 2010	ed
Please Check Bel			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROV.					
(If disapprove	u expiaiii)				
DATE:					



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LICENSE NUM	IBER: 150800207		CITY OR TOWN	WORCESTER
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: S & D ENTE	ERTAINMENT		
DOING BUSIN	ESS A THE SPOT	7		
ADDRESS 187	WASHINGTON S	T.		
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01608
	PRASHAD, SOMDATT	TYPE OF LICENSE:	Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
	OF LICENSED PI			
	ON FIRST FLOO! EE STORY BLDG	R, CELLAR FOR STOC , SIDE EXIT	K, CELLAR BULKH	EAD AT REAR OF
I hereby certify	and swear under pe	nalties of perjury that:		
1. the re	enewed license will	be of the same type for t	he same premises nov	v licensed;
2. the li	censee has complie	ed with all laws of the Co	mmonwealth relating	to taxes; and
3. the p	remises are now op	en for business (If not ex	plain below)	
SIGNED BY:				
	Individual, F	Partner or Authorized Con	rporate Officer	
D 4 575				
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: 1401 III	dividual Social Security Number)
				ed by Chapter 304 of the
				tment for the above named er 116 of the Acts of 2010.
		iquoi muomity mourume		
Please Check Below APPROVED:	<u>v:</u>			SING AUTHORITY
DISAPPROVEI	D:		By:	
(If disapproved	explain)			
DATE:				
APPLICATION FOR F	RENEWAL MUST BE FILI	ED BY LICENSEES DURING THI	≟ MONTH OF NOVEMBER (N	И.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 150800209		CITY OR TOWN	WORCEST	ER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
DOING BUSINESS	JOPA FINE DINING A WEBSTER HOUSE				
ADDRESS 1 WEBS					
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
	ANN WOUPIO TYPE BOURY	OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISES		SD. W. G. A. B. G. A.		<b></b>
	FLOOR CELLAR FOR DDITION TO REAR (				
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of yed license will be of the see has complied with al ises are now open for bu	e same type for the l laws of the Com	nonwealth relating to		
SIGNED BY:	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE :	NUMBER:		RIDENTIFICATI	
			(Note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, signe	d, attest that we are in d by the building inspe certificate of liquor lia	ector and the hea	d of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expl	 ain)				
(II disappioved expi	uiii <i>)</i>				
DATE:					



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LICENSE NUMBER	R: 150800212		CITY (	OR TOWN	WORCES	TER
APPLICATION FOR	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	RODI CORP					
DOING BUSINESS	A GALLAGH	ER'S				
ADDRESS 00095A	WEST BOYLS	STON ST				
CITY/TOWN: WO	RCESTER	STATE: MA	A ZIF	CODE:	01608	
MANAGER: TSA	MIS, PAUL	TYPE OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		OUR WEBSITE AND ENTER YOU	R EMAIL ADDR	ESS		
DESCRIPTION OF						
SECOND FLOOR F	OR STORAGE	D STORAGE ROOM,O E, DOOR IN REAR FOR A HALF STORY BLDG	R DELIVE			
I hereby certify and s	swear under per	nalties of perjury that:				
1. the renew	ed license will	be of the same type for t	the same pr	emises now	licensed;	
	-	d with all laws of the Co		•	to taxes; and	
3. the premi	ses are now ope	en for business (If not ex	xplain belov	w)		
SIGNED BY:	Individual, P	artner or Authorized Con	rporate Off	icer		
			ſ			
D.A.TEC						
DATE:	TELEF	PHONE NUMBER:	(N			FION NUMBER: lecurity Number)
			(1.	1000 1101 III	urviduai 50ciai 5	recurry (value)
Acts of 2004, signed	d by the buildi	we are in possession (1) ng inspector and the ho quor liability insurance	ead of the	fire depart	ment for the	above named
Please Check Below:			LOCA	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: [ (If disapproved explain	nin)					
( alsappio toa enpir	· <i>)</i>					
DATE:						
APPLICATION FOR RENEV	VAL MUST BE FILE	ED BY LICENSEES DURING THE	E MONTH OF I	NOVEMBER (N	И.G.L. Ch. 138 \$ 1	6A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800220		CITY OR TOV	VN WORCES	IEK
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SWAMISHRIJI	CORP.			
DOING BUSINESS A	BOSTON'S LI	QUOR MART			
ADDRESS WORCES	TER FAIR PLA	ZA			
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE	: 01607	
MANAGER:	Т	YPE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUF	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	MISES:			
APPROX 5000 SQ FT ENTRANCE, ONE EX				FFICE, ONE	
I hereby certify and sw	ear under penalt	ies of perjury that:			
1. the renewed	d license will be	of the same type for th	e same premises r	now licensed;	
2. the licensee	has complied w	ith all laws of the Con	nmonwealth relation	ng to taxes; and	
3. the premise	s are now open f	or business (If not exp	lain below)		
SIGNED BY:			O CC		
	Individual, Parti	ner or Authorized Corp	orate Officer		
DATE:	TELEDIA		EMPL O	YER IDENTIFICA	TION NUMBER:
	TELEPHO	ONE NUMBER:		Individual Social S	
Please Check Below:					
APPROVED:			_	ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	n)				
DATE.					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800221		CITY OR TOWN	WORCEST	ΓER
APPLICATION FOR	RENEWAL:	Annual LICENSED FOR 2013			013
		CLASS			YEAR
LICENSEE NAME:	EMERALD ALE	CORP			
DOING BUSINESS A	BELMONT LIQ	UORS			
ADDRESS 108 BELN	MONT ST				
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE:	01605	
MANAGER: JORD	AN, FRANK TY	PE OF LICENSE:Pa	ackage Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	ISES:			
THREE ROOMS ON ENTRANCE. ONE S'					
I hereby certify and sv				2772277022770	-
	_		e same premises now	licensed:	
			monwealth relating to		
	-	r business (If not exp	_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		<u> </u>			
SIGNED BY:					
SIGNED D1.	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	INIC ALITHU	ODITY
APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explai	n)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800222		CITY OR TOWN	WORCESTER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: AVIGHNA CO	RPORATION		
DOING BUSINESS A			
ADDRESS 12 BOYLSTON STREET			
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01613
MANAGER: NUZZETTI, STEVEN JOSEPH	ΓΥΡΕ OF LICENSE:Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
MINI-MALL 1092 SQ.FT. TWO EN SECOND FLOOR.	ΓRANCES ON THE FIR	ST FLOOR. STORA	AGE AREA ON THE
2. the licensee has complied v     3. the premises are now open  SIGNED BY:  Individual Par		in below)	o taxes; and
marviduai, i ar	uner of Additionized Corpo	rate Officer	
DATE: TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:		LOCAL LICENS By:	ING AUTHORITY
DISAPPROVED:		· <b>J</b> -	
(If disapproved explain)			
DATE:		_	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1508	00225	CITY OR TOWN WORCE	SIEK
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
EMAIL ADDRESS:	ER STREET	Package Store CATEGORY	Y: All Alcohol
DESCRIPTION OF LICEN	ISED PREMISES:		
	LOOR,REAR DOOR FOR DELI R STORAGE,ONE REAR EXIT ROOM		
3. the premises are SIGNED BY:	complied with all laws of the Connow open for business (If not exvidual, Partner or Authorized Con	plain below)	d
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUT By:	'HORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800226		CITY OR TOWN	WORCEST	TER
APPLICATION FOR RENEWAL:	Annual	al LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: TULSI CORPORAT	ΓΙΟΝ			
DOING BUSINESS A CROWLEY PACE	KAGE STORE			
ADDRESS 00638A CHANDLER ST				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01602	
MANAGER: PACHANI, TYPI JIGNESH	E OF LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	_			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISE	ES:			
TWO ROOMS ON FIRST FLOOR, ONE S	STORY BLDG,REA	R ENTRANCE		
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of the	he same type for the	same premises now	licensed;	
2. the licensee has complied with a	all laws of the Comm	nonwealth relating to	taxes; and	
3. the premises are now open for b	ousiness (If not expla	nin below)		
	· •	· 		
SIGNED BY:				
Individual, Partner of	or Authorized Corpo	orate Officer		
DATE: TELEPHONE	E NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
				<del></del>
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15080022	27	CITY OR TOWN	WORCESTER			
APPLICATION FOR RENEWA	AL: Annual	LICENS	SED FOR 2013			
	CLASS		YEAR			
LICENSEE NAME: HAIK IN	C.					
DOING BUSINESS A BIG BO	OB'S WINE & SPRITS					
ADDRESS 501 SOUTHBRIDG	SE STREET					
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608			
MANAGER: VARDERESIAN ROBERT	N, TYPE OF LICENSE:Pa	ckage Store CA	TEGORY: All Alcohol			
EMAIL ADDRESS:						
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS				
DESCRIPTION OF LICENSEI	PREMISES:					
2- ROOMS ON FIRST FLOOR ENTRANCE FOR DELIVERY						
2. the licensee has com	will be of the same type for the plied with all laws of the Composite open for business (If not expl	monwealth relating to				
SIGNED BY: Individua	al, Partner or Authorized Corp	orate Officer				
DATE: TE	LEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)			
Please Check Below: APPROVED:			ING AUTHORITY			
DISAPPROVED:		By:				
(If disapproved explain)						
DATE		-				
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 150800228		CITY OR TOWN	N WORCEST	ΓER
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	_	OR COMPANY,INC.			
ADDRESS 117 GOL	LD STAR BLVD				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01606	
MANAGER: Nova	koski, Andrew T	YPE OF LICENSE:P	'ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
· '	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:			
FIVE ROOMS ON F RECEIVING ROOM ADDED - STORAG	I. NO CELLAR, O	NE STORY BLDG,I			
	ses are now open for	or business (If not experience or Authorized Cor	plain below)	to taxes; and	
	marriada, rarar	er of framonized cor	porture officer		
DATE:	TELEPHC	ONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	in)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 150800229		CITY OR TOW	N WORCES	IEK
APPLICATION	FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAI	ME: GRAFTON	HILL PACKAGE STOR	E, INC		
DOING BUSIN	ESS A GRAFTON	N HILL PACKAGE STO	RE		
ADDRESS 8 PE	ENN AVE				
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01604	
MANAGER: 2	ZEENA, ELIAS	TYPE OF LICENSE:	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED P	REMISES:			
	N FIRST FLOOR,0 ATION TO 8 PEN	CELLAR FOR STOCK,F N AVENUE"	OUR STORY BLD	G. REAR EXIT	Γ "
1. the re 2. the lie	enewed license will censee has complie	enalties of perjury that:  I be of the same type for the ded with all laws of the Corpor for business (If not expenses)	nmonwealth relatin		
SIGNED BY:	Individual, I	Partner or Authorized Cor	porate Officer		
DATE:	mer e		EMDI O	YER IDENTIFICA	FION NUMBED
<i>5</i> 111 <i>2</i> .	IELE	PHONE NUMBER:		Individual Social S	
Di Ci i Di					
Please Check Below APPROVED:	<u>v:</u>			INSING AUTH	ORITY
DISAPPROVEI	D:		Ву:		
(If disapproved e					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 150800230		CITY OR TOWN WORCE	SIEK
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: TKP, LLC NESS A OLYMPIC	WINE AND SPIRITS		
ADDRESS 34	5 GRAFTON ST			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 01613	
MANAGER:	KIRITSY, WILLIAM P	TYPE OF LICENSE:Pa	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
ALTERATION	N TO REDUCE SQ.	FOOTAGE.		
2. the	licensee has complie		ne same premises now licensed; nonmonwealth relating to taxes; an plain below)	d
	Individual, I	Partner or Authorized Corp	oorate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800231		CITY OR TOWN	N WORCES	IEK
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		INC.			
ADDRESS 1140 GRA	FTON ST				
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE:	01613	
MANAGER: PATE	L, PRAVINA TY	PE OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:			
TWO ROOMS ON FI ONE STORY BLDG.	RST FLOOR, SID	E ENTRANCE ANI	DEXIT, REAR DO	OR FOR DEL	IVERY,
	es are now open for	all laws of the Combustiness (If not exp	lain below)	to taxes; and	
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICA' Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800232	•	CITY OR TOWN	WORCEST	ER		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013				
	CLASS			YEAR		
LICENSEE NAME: DVN. INC.						
DOING BUSINESS A PLAZA LIQU	ORS					
ADDRESS 935 GRAFTON STREET						
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01604			
MANAGER: VASILIADIS, DIMITRIOS	ΓΥΡΕ OF LICENSE: Pack	tage Store CA	ATEGORY:	All Alcohol		
EMAIL ADDRESS:						
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS				
DESCRIPTION OF LICENSED PREI	MISES:					
THREE ROOMS ON FIRST FLOOR, REAR DOOR FOR DELIVERIES AN				OCLER		
<ul><li>2. the licensee has complied v</li><li>3. the premises are now open</li></ul>		=	taxes; and			
SIGNED BY: Individual, Part	ner or Authorized Corpor	ate Officer				
DATE: TELEPH	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT			
Please Check Below: APPROVED:		LOCAL LICENS By:	ING AUTHO	DRITY		
DISAPPROVED:		•				
(If disapproved explain)						
DATE						
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800234		CI	TY OR TOWN	WORCEST	ΓER
APPLICATION FOR	RENEWAL:	Annı	ıal	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	HALZAN					
DOING BUSINESS	A HAMILTON ST L	IQUORS				
ADDRESS 366 HAM	MILTON ST					
CITY/TOWN: WOI	RCESTER	STATE:	MA	ZIP CODE:	01613	
MANAGER: COLI	LINS, JEFFREYTYPI	E OF LICEN	SE:Packag	ge Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						]
J	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER	t YOUR EMAIL	ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISI	ES:				
ONE ROOM ON FIR STORY BLDG.	RST FLOOR, CELLA	R FOR STO	RAGE, SII	DE AND REAR	EXITS, THE	REE
I hereby certify and s	wear under penalties	of perjury tha	ıt:			
1. the renewe	ed license will be of the	ne same type	for the san	ne premises nov	v licensed;	
2. the license	ee has complied with a	all laws of th	e Common	wealth relating	to taxes; and	
3. the premis	ses are now open for b	ousiness (If n	ot explain	below)		
SIGNED BY:						
	Individual, Partner of	or Authorized	1 Corporate	e Officer		
DATE						
DATE:	TELEPHONE	E NUMBER:			R IDENTIFICAT dividual Social S	
				(Note: <u>NOT</u> III	dividual social s	ecunty Number)
Please Check Below: APPROVED:				LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:				Ву:		
(If disapproved expla	in)					
·						
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800235		CITY OR TOWN	WORCESTER			
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013				
	CLASS		YEAR			
LICENSEE NAME: HIGHLAND LIQU	JORS OF WORCEST	ER,INC.				
DOING BUSINESS A						
ADDRESS 121-12 HIGHLAND ST						
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01613			
MANAGER: PISCITELLI,JR, TYI FELIX	PE OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol			
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS				
DESCRIPTION OF LICENSED PREMIS	SES:					
THREE ROOMS ON FIRST FLOOR, OF BLDG. SIDE DOOR, CELLAR DOOR F						
2. the licensee has complied with 3. the premises are now open for  SIGNED BY:  Individual, Partner		in below)	taxes; and			
DATE: TELEPHON	IE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHORITY			
DATE:						



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	00800236		CI	IY OK IOV	WIN WC	JKCESI	EK
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	CENSED	FOR 20	13
		CLAS	SS				YEAR
LICENSEE NAME: TOOING BUSINESS A	•	S					
ADDRESS 7 1/2 KELL	EY SQ						
CITY/TOWN: WORC	ESTER	STATE:	MA	ZIP CODE	d: <b>01</b>	613	
MANAGER: Patel,1 K	irti TYPE	OF LICENS	SE:Packag	ge Store	CATE	GORY:	All Alcohol
EMAIL ADDRESS:							
DESCRIPTION OF LIC	ASE ALSO VISIT OUR WEBSI FNSED PREMISES		YOUR EMAII	ADDRESS			
TWO ROOMS ON FIRST SECOND FOR STORAL USE ONLY, TWO STO	ST FLOOR, RETAIL GE, NO CELLAR, S	L AREA A					
2. the licensee h 3. the premises  SIGNED BY:	icense will be of the has complied with all are now open for but and ividual, Partner or	laws of the	Common t explain	wealth relati below)			
DATE:	TELEPHONE I	NUMBER:					ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LIC	ENSING	AUTHO	DRITY
DATE:							



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800239		CITY OR TOWN WORCES	IEK
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 560 LIN	A LINCOLN DISCOUN	T LIQUORS		
CITY/TOWN: WC	DRCESTER S	STATE: MA	ZIP CODE: 01605	
MANAGER: QUI	NLAN, SUSAN TYPE O	F LICENSE: Pack	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBSITE LICENSED PREMISES:	AND ENTER YOUR EM	AIL ADDRESS	
<ol> <li>the renew</li> <li>the licens</li> </ol>		ame type for the saws of the Comm		
	marvidual, Partiler of A	umorizea Corpoi	rate Officer	
DATE:	TELEPHONE N	JMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			_	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 150800240		CITY OR TOWN	WORCEST	EK
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 646 MA		INC			
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE:	01613	
MANAGER: KIR M	RSCH, ROBERT TYPE	OF LICENSE:Pac	ckage Store CA	.TEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
	F LICENSED PREMISE FIRST FLOOR, BASE		MCE 2 CTODY DI	D.C.	
2. the licen	wed license will be of the usee has complied with a nises are now open for be	ll laws of the Comusiness (If not expl	monwealth relating to ain below)		
	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]  lain)		LOCAL LICENSI By:	NG AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 150800241		CITY OR TOWN WOR	CESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
	AME: FAUCHER & NESS A MAIN SOU			
ADDRESS 81	7 MAIN STREET			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 0161	3
MANAGER:	FAUCHER, CHARLES A	TYPE OF LICENSE: Pa	ckage Store CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	N OF LICENSED PI			
		, CELLAR FOR STOCK, nalties of perjury that:	REAR EXIT	
	premises are now op	d with all laws of the Comen for business (If not experimental experim		and
	marviduai, i	artifici of Authorized Corp	orate officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	IFICATION NUMBER: ocial Security Number)
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING A By:	UTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800243		CITY OR TOWN	WORCEST	ΓER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		CORP			
ADDRESS 3 MAY	ST				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01613	
MANAGER: ROY	, GERALD W	TYPE OF LICENSE:	Package Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF					
		R, SEPERATE ROOM NCY USE ONLY, SID			
I hereby certify and s	swear under pena	alties of perjury that:			
1. the renew	ed license will b	e of the same type for the	he same premises now	licensed;	
2. the licens	ee has complied	with all laws of the Cor	mmonwealth relating t	o taxes; and	
3. the premi	ses are now open	n for business (If not ex	plain below)		
SIGNED BY:	Individual, Pa	rtner or Authorized Cor	porate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
DI CI I DI					
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain	ain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800244		CITY OR TOWN WORCES	STER	
APPLICATION FOR RENEWAL:	Annual	Annual LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: WORCESTER I DOING BUSINESS A ADDRESS 254 MILL STREET	DISCOUNT LIQUORS,I	INC		
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE: 01613		
MANAGER: LEONARD, T BRENDAN A	YPE OF LICENSE: Pac	cage Store CATEGORY	: All Alcohol	
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM FOUR ROOMS ON FIRST FLOOR, C I hereby certify and swear under penalt 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open f	ies of perjury that: of the same type for the sith all laws of the Comm	G, SIDE EXIT.  same premises now licensed; conwealth relating to taxes; and	I	
SIGNED BY: Individual, Partr	ner or Authorized Corpor	rate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY	
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 150800245		CITY OR TOWN WOR	CESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
DOING BUSI	AME: HINOELIA RIVERA NESS A EL COQUI LIQUOI 4 CHANDLER STREET			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 0161	3
MANAGER:	RIVERA, TYPE HINOELIA	OF LICENSE: Pac	ckage Store CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISES	S:		
	licensee has complied with all premises are now open for bu  Individual, Partner or	siness (If not expla	ain below)	and
DATE:	TELEPHONE I	NUMBER:	EMPLOYER IDENTION (Note: NOT Individual S	IFICATION NUMBER:
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING A By:	UTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	50800246		CITY OR TOWN	WORCESTER
APPLICATION FOR R	ENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: S	AVALANA INC.			
DOING BUSINESS A	MCGOVERN'S PAC	KAGE STORE		
ADDRESS 82 MILLBU	JRY ST			
CITY/TOWN: WORC	ESTER	STATE: MA	ZIP CODE:	01610
MANAGER: PRASH SAVITA		OF LICENSE: Pac	ekage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMISES:			
TWO ROOMS ON FIR FOR DELIVERIES.	ST FLOOR, CELLAR	R FOR STORAG	E, ONE STORY BL	DG, SIDE DOOR
3. the premises  SIGNED BY:	has complied with all lare now open for busi	ness (If not expla	ain below)	
1	narvidual, 1 artifer of 1	idilionized Corpe	viate officer	
DATE:	TELEPHONE N	UMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHORITY
DISAPPROVED:	1		Dy.	
(If disapproved explain)	)			
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800247		CITY OR TOWN	WORCEST	TER		
APPLICATION FOR RENEWAL:	Annual	Annual LICENSED FOR 2013				
	CLASS			YEAR		
LICENSEE NAME: MILLZAN IN	C.					
DOING BUSINESS A MILLBURY	STREET LIQUORS					
ADDRESS 278 MILLBURY ST						
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01613			
MANAGER: NAVARRO, JOSE	TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol		
EMAIL ADDRESS:						
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		-		
DESCRIPTION OF LICENSED PRI	EMISES:					
FIVE ROOMS ON FIRST FLOOR, ENTRANCE.	THREE STORY BLDG.,	CELLAR FOR STO	OCK, SIDE			
2. the licensee has complied 3. the premises are now open  SIGNED BY:  Individual, Pa		ain below)				
D.A.TE						
DATE: TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)		
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY		
APPROVED:		By:				
DISAPPROVED: (If disapproved explain)						
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150	0800248		CITY OR TOWN	WORCESI	EK
APPLICATION FOR RE	NEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: AN DOING BUSINESS A A					
ADDRESS 110 MCKEO	N ROAD				
CITY/TOWN: WORCE	STER ST.	ATE: MA	ZIP CODE:	01613	
MANAGER: BREEDS, J	THOMAS TYPE OF I	LICENSE: Pac	kage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICE LIQUOR STORAGE, MA		CLING ARE	A, COOLER		
2. the licensee ha	cense will be of the sam s complied with all law re now open for busines	s of the Comm	nonwealth relating t		
SIGNED BY:	lividual, Partner or Autl	horized Corpo	rate Officer		
DATE:	TELEPHONE NUM	1BER:			TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBEK: 150800251		CITY OR TOWN	WORCESTER
APPLICATION	FOR RENEWAL	.: Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NAI	ME: H & B LIQ	UORS INC		
DOING BUSIN	ESS A H&B WI	NES & LIQUORS		
ADDRESS 725	GRAFTON ST.			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01613
MANAGER:	BRAZELTON, DIANE	TYPE OF LICENSE: P	Package Store CA	TEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED	PREMISES:		
OFFICE, BOTT	LE RETURN AR	I CONTAINING DISPLAY REA ON 1ST FL. ONE EN DELIVERIES & EMERGE	TRANCE/EXIT & ON	IE EXIT FR. FRONT
<ol> <li>the re</li> <li>the li</li> </ol>	enewed license wi censee has compl	penalties of perjury that: Il be of the same type for the ied with all laws of the Corppen for business (If not exp	nmonwealth relating to	
SIGNED BY:	Individual,	Partner or Authorized Cor	porate Officer	
DATE:	TEL	EPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below APPROVED: [ DISAPPROVEI (If disapproved of	D:		LOCAL LICENSI By:	NG AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15080025	3	CITY OR TOWN WORCES	STER	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: LUIS FEL	LIP SANTIAGO			
DOING BUSINESS A SANTIA	AGO'S LIQUORS			
ADDRESS 296 PLEASANT ST				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE: 01609		
MANAGER:	TYPE OF LICENSE:Pac	kage Store CATEGORY	: All Alcohol	
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED TWO ROOMS ON FIRST FLOO I hereby certify and swear under 1. the renewed license w 2. the licensee has comp 3. the premises are now SIGNED BY:	OR, ONE STORY BLDG., NO penalties of perjury that: vill be of the same type for the	O CELLAR.  same premises now licensed; nonwealth relating to taxes; and nin below)	1	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY	
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800254		CITY OR TOWN	WORCESTER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BIG BOB'S L	JQUORS, INC		
DOING BUSINESS	A OFF THE V	INE WINE AND SPIRIT	'S	
ADDRESS 00004B	RICHMOND A	VE		
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01602
	DERESIAN, AZDAT	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
·	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	EMISES:		
ONE STORY BLDG		CELLAR FOR STOCK, B	ULKHEAD LEADIN	NG INTO CELLAR,
	_	I with all laws of the Comen for business (If not expl	=	taxes; and
	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800256		CITY OR TOWN	WORCESTER			
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 2013			
		CLASS		YEAR			
LICENSEE NAME:	WORCESTER	R DISCOUNT LIQUORS	S, INC.				
DOING BUSINESS	A EAST SIDE	PACKAGE STORE					
ADDRESS 129 SHR	REWSBURY ST						
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01604			
	CHEFORD, RC L.	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol			
EMAIL ADDRESS:							
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS				
DESCRIPTION OF	DESCRIPTION OF LICENSED PREMISES:						
		, CELLAR FOR STOCK FF LARKEN ST., REAR					
	_	with all laws of the Com n for business (If not exp	=	) taxes; and			
	Individual, Pa	rtner or Authorized Corp	orate Officer				
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER:			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY			
DATE:							



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800259		CITY OR TO	WN WORCES	TER
APPLICATION FO	R RENEWAL:	Annual	Annual LICENSED FOR 201		
		CLASS			YEAR
LICENSEE NAME:	DEPTULA'S INC				
DOING BUSINESS	A STAFFORD DIS	SCOUNT LIQUO	RS		
ADDRESS 191 STA	AFFORD				
CITY/TOWN: WC	RCESTER	STATE: M	A ZIP CODE	E: 01603	
	TUALA, TY NUTA MARIA	PE OF LICENSE:	Package Store	CATEGORY	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	ISES:			
ONE ROOM ON FI DELIVERY. 45X30 TO EFFECT THE E	ADDITION TO TH				
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	f the same type for	the same premises	now licensed;	
2. the licens	see has complied wit	h all laws of the Co	ommonwealth relati	ing to taxes; and	
3. the premi	ises are now open fo	r business (If not e	xplain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Co	orporate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA	
			(Note: NO	T Individual Social	Security Number)
Please Check Below:			LOCALLIC	ENSING AUTH	IORITY
APPROVED:			By:	LINDING MOTI	IOIUT I
DISAPPROVED: [			<b>J</b> .		
(If disapproved expl	ain)				
DATE					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800260		CITY OR TOWN	WORCEST	ER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: WORCESTER DISCO	OUNT PACKAGE	STORE,INC.		
DOING BUSINESS A KJ BAARON'S FINE	E WINE & SPIRIT	ΓS		
ADDRESS 210 SUMMER STREET				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: DAVIDSON, TYPE OR ROBERT A	OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBST DESCRIPTION OF LICENSED PREMISES		IAIL ADDRESS		
I hereby certify and swear under penalties of  1. the renewed license will be of the  2. the licensee has complied with all  3. the premises are now open for bus  SIGNED BY:  Individual, Partner or	same type for the laws of the Comm siness (If not expla	nonwealth relating to in below)		
DATE: TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800261	(	CITY OR TOWN WORCESTE	ER	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS	Y	YEAR	
LICENSEE NAME: GREENDALE LIQ	UOR & PKG STORE	INC.		
DOING BUSINESS A				
ADDRESS 440-44 W BOYLSTON ST				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE: 01606		
MANAGER: TALCOTT, TYPE WILLIAM T. III	PE OF LICENSE: Packa	age Store CATEGORY:	All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICENSED PREMIS				
FOUR ROOMS ON FIRST FLOOR, ON STORAGE, SIDE ENTRANCE ON PAR SIDE DOOR ON SUMMERHILL AVE.	KING LOT, SIDE DO			
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of	the same type for the sa	ame premises now licensed;		
2. the licensee has complied with	all laws of the Commo	nwealth relating to taxes; and		
3. the premises are now open for	business (If not explain	below)		
SIGNED BY:	or Authorized Corpora	to Officer		
muividuai, Farmei	of Authorized Corpora	ne Officer		
DATE: TELEBRION	E MA (DED	EMPLOYER IDENTIFICATION	ON NI IMPED.	
TELEPHON	E NUMBER:	(Note: NOT Individual Social Sec		
Please Check Below:		LOCAL LICENSING AUTHO	RITY	
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800262		CITY OR TO	JWN WORCE	CSTER
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	O'HARA'S LIQU	JORS			
ADDRESS 402 W BC	OYLSTON ST				
CITY/TOWN: WOR	CESTER	STATE: MA	A ZIP COI	DE: 01613	
MANAGER: WILL JUSTI		PE OF LICENSE:]	Package Store	CATEGOR'	Y: All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF L					
TWO ROOMS ON FI SIDE ENTRANCE A'				OR, ONE STO	RY BLDG.
2. the licensee	e has complied with	the same type for the all laws of the Corbusiness (If not expression or Authorized Corbusiness Corbus	mmonwealth rela		nd
DATE:	TELEPHON	NE NUMBER:			CATION NUMBER: al Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	 n)		LOCAL LI By:	CENSING AUT	THORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 150800263		CITY OR TOWN	WORCEST	EK
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
DOING BUSINES	E: R.S.L. ENTERPRISES,				
ADDRESS 00107-	- WARD STREET				
CITY/TOWN: W	ORCESTER	STATE: MA	ZIP CODE:	01613	
MANAGER: LA	RGESS, TYPE O OBERT S JR	F LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS		
	F LICENSED PREMISES:				
AT 3 SOUTH WA	ON FIRST FLOOR, CELLA .RD ST.	AR FOR STOCK	, 2 STORY BLDG.	, EMERGEN	CY EXIT
	nsee has complied with all la mises are now open for busin Individual, Partner or A	ness (If not expla	in below)		
DATE:	TELEPHONE N	JMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800264		CITY OR TOWN	WORCESTER			
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013			
		CLASS		YEAR			
LICENSEE NAME:	NSW ENTERP	RISES INC.					
DOING BUSINESS A	A GIBBONS WI	NE & SPIRITS					
ADDRESS WEBSTE	ER SQUARE PLA	AZA					
CITY/TOWN: WOR	RCESTER	STATE: MA	ZIP CODE:	01603			
MANAGER: WAD NAVI		TYPE OF LICENSE:P	ackage Store CA	ATEGORY: All Alcohol			
EMAIL ADDRESS:							
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS				
DESCRIPTION OF L	DESCRIPTION OF LICENSED PREMISES:						
TWO ROOMS ON FIDOOR FOR DELIVE		NE STORY BLDG. F	RONT AND REAR E	NTRANCES, REAR			
	•	rith all laws of the Corfor business (If not exp	nmonwealth relating to plain below)	taxes; and			
SIGNED D1.	Individual, Part	ner or Authorized Cor	porate Officer				
DATE:	TELEPH(	ONE NUMBER:		IDENTIFICATION NUMBER:			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHORITY			
DATE:							



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800266		CITY OR TOWN	WORCEST	ER
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 221 WE		CKAGE STORE,I	NC.		
CITY/TOWN: WC		STATE: MA	ZIP CODE:	01603	
MANAGER: KAS	SPER, DAVID C TYPI	E OF LICENSE: Pa		ATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISI FIRST FLOOR, ONE		OCK, THREE STO	RY BLDG., F	REAR
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of wed license will be of the see has complied with a ises are now open for b	ne same type for the	monwealth relating to		
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 150800271		CITY OR TOWN	WORCEST	TER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	AME: P. D'ERRICO &	SONS CO., INC.			
DOING BUSIN	NESS A				
ADDRESS 141	EAST CENTRAL STR	EET			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01613	
	EVANGELISTA, TY JOSEPH P.	YPE OF LICENSE: Pa	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREM	IISES:			
<b>ENTRANCES</b>	M CONSISTING OF SAI FOR DELIVERY ON LI N RIGHT SIDE OF BLD	EFT SIDE OF BLDG	., ONE SIDE EXIT I	FOR EMERG	ENCY
I hereby certify	and swear under penaltic	es of perjury that:			
1. the 1	renewed license will be o	of the same type for th	e same premises now	licensed;	
2. the l	icensee has complied wi	th all laws of the Con	nmonwealth relating t	o taxes; and	
3. the 1	premises are now open for	or business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:			ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)		-		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800279		CITY OR TOWN	WORCESTER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BEECHWOOD IN	N, INC.		
DOING BUSINESS	A			
ADDRESS 363 PLA	NTATION ST.			
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01605
MANAGER: WAX	KLER, MARK TYF	PE OF LICENSE: In	nholder C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
FIRST FLOORRE	NOVATION OF BE	ECHWOOD HOT	EL & RESTAURANT	
I hereby certify and s	wear under penalties	of perjury that:		
		* *	e same premises now	
	-		nmonwealth relating to	o taxes; and
3. the premi	ses are now open for	business (If not exp	olain below)	
SIGNED BY:			0.65	
	Individual, Partner	or Authorized Corp	oorate Officer	
D 4 mm				
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
We the undersigned	d, attest that we are	in possession (1) t	he certificate requir	ed by Chapter 304 of the
				ment for the above named
license and (2) the (	certificate of liquor	liability insurance	required by Chapte	r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [	uin)			
(11 disappioved expir	<i>)</i>			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	JMBER: 150800281		CITY OR TOWN WORK	CESTER
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N	AME: NEW CHOPSICK	RESTAURANT, INC		
DOING BUSI	INESS A			
ADDRESS 10	083 MAIN STREET			
CITY/TOWN	: WORCESTER	STATE: MA	ZIP CODE: 01608	3
MANAGER:	SHATTUCK TY EMERSON, CHING MEI	PE OF LICENSE: Rest	caurant CATEGO	RY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	ON OF LICENSED PREMI			
	OM, SERVICE BAR, PREI , OFFICE ON 2ND FLOOI		ND DISH AREA, STORAC EXITS.	E ROOM IN
	y and swear under penaltie			
1. the	e renewed license will be of	the same type for the s	same premises now licensed	1;
2. the	e licensee has complied with	h all laws of the Comm	onwealth relating to taxes;	and
3. the	premises are now open for	r business (If not expla	in below)	
SIGNED BY		r or Authorized Corpor	rata Officar	
	marviduai, r artiie	I of Authorized Corpor	ate Officer	
DATE:	TELEBIION	JE NIJMDED.	EMPLOYER IDENTII	FICATION NUMBER:
	TELEPHO	NE NUMBER:	(Note: NOT Individual So	
***				204 64
			certificate required by Clof the fire department for	
		_	quired by Chapter 116 of	
Please Check Bel	low:		LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROV	<del></del>			
(If disapprove	a explain)			
				<del></del>
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800282		CITY OR TO	WN WORCES	IEK
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	RDC BEER	& WINE INC.			
DOING BUSINESS A	A BIG D				
ADDRESS 29 SUND	ERLAND RD	)			
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP COD	E: 01613	
MANAGER: WEST	F, JAY F.	TYPE OF LICENSE: Pa	ickage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L					
3 STORAGE ROOMS NO CELLAR.	S, SALES AR	EA. 2 SIDE DOORS FOR	R RECEIVI NG	AND EMERGE	NCY USE.
3. the premise SIGNED BY:		en for business (If not exp			
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICA T Individual Social	
Please Check Below: APPROVED:			LOCAL LIC	CENSING AUTH	IORITY
DISAPPROVED:			J.		
(If disapproved explain	n)				
DATE:					<del></del>



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800283		CITY OR TOWN WORK	CESTER
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	PR 2013
	CLASS		YEAR
LICENSEE NAME: HA NGUYEN			
DOING BUSINESS A DAY NIGHT	Γ STORE		
ADDRESS 26 GREENWOOD ST			
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE: 01607	7
MANAGER: NGUYEN,HA	TYPE OF LICENSE:Pack	cage Store CATEGO	RY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
2 ROOMS AND OFFICE ON FIRST GREENWOOD ST. ENTRANCE/EX			1
2. the licensee has complied 3. the premises are now oper  SIGNED BY:  Individual, Par		in below)	anu
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU By:	JTHORITY
DATE:		-	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800287		CITY OR TOW	N WORCES	ΓER
APPLICATION FOR	R RENEWAL:	Annua		ENSED FOR 20	
LICENSEE NAME:	MICHAEL R	CLAS: HANLON	S		YEAR
DOING BUSINESS					
ADDRESS 1127- M					
CITY/TOWN: WO	RCESTER	STATE:	MA ZIP CODE:	01613	
MANAGER:		TYPE OF LICENS	E:Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRI	EMISES:			
ONE ROOM ON FII EMERGENCY USE			ACK DOOR FOR DE	ELIVERIES AN	D
	ses are now oper	with all laws of the n for business (If not strength or Authorized)		ig to taxes; and	
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain.]	nin)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150	)800289		CITY	OR TOWN	WORCES	ΓER
APPLICATION FOR RE	NEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: AL	BERT E MAYKEL	,JR				
DOING BUSINESS A L	IVING EARTH					
ADDRESS 232 CHAND	LER ST					
CITY/TOWN: WORCE	STER	STATE: M	A ZII	P CODE:	01613	
MANAGER:	ТҮРЕ С	OF LICENSE:	Package St	ore C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WEBSIT	E AND ENTER YOU	R EMAIL ADDE	RESS		
DESCRIPTION OF LICE						
TWO ROOMS ON FIRS' FLOOR, REAR RECEIV BASEMENT. TWO STO	ING DOOR FOR D					
I hereby certify and swear	under penalties of p	perjury that:				
· ·	cense will be of the		the same pi	remises nov	v licensed;	
	as complied with all		_			
3. the premises a	re now open for bus	iness (If not e	xplain belo	w)		
SIGNED BY:						
Inc	dividual, Partner or A	Authorized Co	orporate Of	ficer		
DATE:	TELEPHONE N	UMBER:				ΓΙΟΝ NUMBER:
			(1)	Note: <u>NOT</u> In	dividual Social S	Security Number)
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800291		CITY OR T	OWN	WORCEST	TER
APPLICATION FOR	R RENEWAL:	Annual	]	LICEN	SED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME:	ALBINOS GROCER	Y AND DELI IN	IC.			
DOING BUSINESS	A					
ADDRESS 090-92 E	BELMONT ST					
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CO	DE:	01605	
MANAGER: ORT	IZ, CARMEN L.TYPE	OF LICENSE:P	ackage Store	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	TE AND ENTER YOUR	EMAIL ADDRESS			
	LICENSED PREMISES					
	FIRST FLOOR TWO FI LLAR FOR STOCK, FF ELLAR.					
I hereby certify and s	swear under penalties of	perjury that:				
1. the renew	ed license will be of the	same type for th	ne same premis	es now	licensed;	
2. the licens	ee has complied with all	laws of the Con	nmonwealth re	lating to	o taxes; and	
3. the premi	ses are now open for bu	siness (If not exp	olain below)			
SIGNED BY:	T 11 1 1 1 D		o cc			
	Individual, Partner or	Authorized Corp	porate Officer			
DATE:			T2. 6	DI 01/EF		Y0111WH (DED
DATE.	TELEPHONE 1	NUMBER:				TION NUMBER: ecurity Number)
						,
Please Check Below:			LOCAL L	ICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [ (If disapproved explain	ain)					
(ii disappioved expla	,					
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 150800293		CITY OR TOWN WORCE	SIEK
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		ACKAGE STORE,INC.		
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 01603	
MANAGER:	RANDELL, FLORENCE	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
	premises are now ope	I with all laws of the Conen for business (If not expanded)		d
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800295	CITY OR TOWN WORCESTER
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013
	CLASS YEAR
LICENSEE NAME: STATE LIQUOR EXCHANGE	GE, INC.
DOING BUSINESS A	
ADDRESS 370 PARK AVE	
CITY/TOWN: WORCESTER STAT	TE: MA ZIP CODE: 01610
MANAGER: MANZELLO, TYPE OF LIC JOSEPH B.	CENSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
TWO ROOMS ON FIRST FLOOR, RETAIL SALI DOCK IN REAR FOR DELIVERIES, REAR EXIT	
<ol> <li>the renewed license will be of the same t</li> <li>the licensee has complied with all laws o</li> <li>the premises are now open for business (</li> </ol>	of the Commonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Author	rized Corporate Officer
DATE: TELEPHONE NUMB	ER: EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800296		CITY OR TOWN	WORCEST	TER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	EDWARD G HYD	ER			
DOING BUSINESS	A ED HYDERS ME	DITERRANEAN I	MARKETPLACE		
ADDRESS 408 PLE	EASANT ST				
CITY/TOWN: WC	RCESTER	STATE: MA	ZIP CODE:	01613	
MANAGER: HYI G.	DER, EDWARD TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
STORAGE AREA, COUNTER	BATHROOM, CLOS	ET, MAIN ROOM	WITH SHELVING A	AND SERVI	CE
	see has complied with ises are now open for Individual, Partner	business (If not exp	lain below)	,	
	marviduai, Fartilei	of Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800297		CITY OR TOWN	WORCEST	TER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	RDC BEER &	WINE INC.			
DOING BUSINESS	A CAMBRIDO	SE CORK AND BOTTLE			
ADDRESS 50 CAM	BRIDGE STRE	ET			
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: WES	ST, JAY	TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PR	EMISES:			
2. the licens	ee has complied ses are now oper	with all laws of the Comin for business (If not exploration or Authorized Corpo	nonwealth relating to		
	mar radai, ra	ruler of Flumonized Corp.			
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved explain	ain)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 150800298		CITY OR TOWN WORCE	SIEK
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	E: BENNIE'S CAFE	E, INC.		
DOING BUSINES	SS A BENNIE'S CAF	E		
ADDRESS 13 EA	ST MOUNTAIN ST.			
CITY/TOWN: W	ORCESTER .	STATE: MA	ZIP CODE: 01606	
	RMOND, TY ATTHEW	PE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	OF LICENSED PREM			
STORAGE AREA		REAR DOOR FOR D	HEN AREA, WALK-IN COO ELIVERIES AND EMERGEN	
I hereby certify an	d swear under penaltie	es of perjury that:		
1. the ren	ewed license will be o	f the same type for the	same premises now licensed;	
2. the lice	ensee has complied wit	th all laws of the Comm	nonwealth relating to taxes; and	d
3. the pre	mises are now open for	or business (If not expla	nin below)	
SIGNED BY:	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004, sign	ned by the building in	nspector and the head	e certificate required by Chap I of the fire department for the equired by Chapter 116 of th	ne above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex	nlain)			
(ii disappioved ex	.piaiii <i>)</i>			
DATE:				
			-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800305	CI	TY OR TOWN	WORCESTER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MDL ENTERPRIS	SES, INC.		
DOING BUSINESS A HOTEL VERNO	N		
ADDRESS 16 KELLEY SQ.			
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608
MANAGER: LARGESS, TYI MARLENE D.	PE OF LICENSE: Innhole	der CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
THREE ROOMS ON FIRST FLOOR, NI CELLAR FOR STOCK, FOUR STORY DOOR ON SECOND FLOOR.			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of		=	
2. the licensee has complied with		· ·	taxes; and
3. the premises are now open for	business (If not explain)	pelow)	
SIGNED BY: Individual, Partner	or Authorized Corporate	e Officer	
	or Authorized Corporate	e Officer	
Individual, Partner	or Authorized Corporate	EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
Individual, Partner	IE NUMBER:  in possession (1) the cespector and the head of	EMPLOYER (Note: <b>NOT</b> Ind	ed by Chapter 304 of the nent for the above named
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor  Please Check Below:	E NUMBER: in possession (1) the ce spector and the head of liability insurance requ	EMPLOYER (Note: <b>NOT</b> Ind  rtificate require the fire departi ired by Chapte	ed by Chapter 304 of the nent for the above named
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor  Please Check Below:  APPROVED:	IE NUMBER:  in possession (1) the cespector and the head of liability insurance requ	EMPLOYER (Note: <b>NOT</b> Ind  rtificate require the fire departi ired by Chapte	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor  Please Check Below: APPROVED:  DISAPPROVED:	IE NUMBER:  in possession (1) the cespector and the head of liability insurance requ	EMPLOYER (Note: NOT Ind rtificate require the fire departs ired by Chaptes	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor  Please Check Below:  APPROVED:	IE NUMBER:  in possession (1) the cespector and the head of liability insurance requ	EMPLOYER (Note: NOT Ind rtificate require the fire departs ired by Chaptes	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor  Please Check Below: APPROVED:  DISAPPROVED:	IE NUMBER:  in possession (1) the cespector and the head of liability insurance requ	EMPLOYER (Note: NOT Ind rtificate require the fire departs ired by Chaptes	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 150800312		CITY OR TOW	VN WORCES	ΓER
APPLICATION FO	OR RENEWAL:	Annua	l LIC	ENSED FOR 20	013
		CLAS	S		YEAR
LICENSEE NAME	E: WORCESTER	ART MUSEUM			
DOING BUSINES	S A				
ADDRESS 55 SAL	LISBURY STREET	Γ			
CITY/TOWN: W	ORCESTER	STATE:	MA ZIP CODE:	01605	
MANAGER: We	lu, James A.	TYPE OF LICENS	E:Club	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PRE	MISES:			
ROOM, RENAISS A EDUCATIONAL V	ANCE COURT,LA WING,FOUNTAIN	NCASTER LOBB COURT. 2ND FL	STORAGE, GARDEN Y,MEMBERS ROOM LR; SALISBURY HAI R ST,EXIT TUCKERN	I, HIGGINS LL. 4TH FLR;	
I hereby certify and	l swear under penal	lties of perjury that	•		
1. the rene	wed license will be	of the same type f	or the same premises n	ow licensed;	
	-		Commonwealth relatir	ng to taxes; and	
3. the pren	nises are now open	for business (If no	explain below)		
SIGNED BY:	Individual, Par	tner or Authorized	Corporate Officer		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICATE	
Acts of 2004, sign	ed by the building	g inspector and the	(1) the certificate requested the certificate required by Cha	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	2K: 150800313		CITY OR TOWN	WORCES	EK
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	E: 299-305 SHREWS	SBURY STREET, LL	C		
DOING BUSINES	S A FUNKY MURPI	HY'S			
ADDRESS 301 SH	IREWSBURY ST				
CITY/TOWN: W	ORCESTER	STATE: MA	ZIP CODE:	01605	
MANAGER: DO	LAN, CATHAL TY	PE OF LICENSE: Re	staurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMI	SES:			
KITCHEN, DININ FLOOR, OUTDOO	G ROOM, BAR, STO OR CAFE	ORAGE AREA, REST	TROOM. NO ALC	OHOL ON SE	COND
I hereby certify and	l swear under penaltie	s of perjury that:			
1. the rene	wed license will be of	the same type for the	same premises nov	w licensed;	
2. the licer	nsee has complied with	n all laws of the Com	nonwealth relating	to taxes; and	
3. the pren	nises are now open for	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	ecurity Number)
We the undersign	ed, attest that we ar	e in possession (1) th	e certificate requi	red by Chapt	er 304 of the
Acts of 2004, sign	ed by the building in	spector and the head	d of the fire depar	tment for the	above named
license and (2) the	e certificate of liquor	liability insurance r	equired by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	1:)				
(If disapproved exp	oiain)				<del></del> -
			-		
DATE:					
DAIL.					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800315		CI	TY OR TOWN	WORCEST	TER
APPLICATION FO	R RENEWAL:	Annua	1	LICEN	SED FOR 20	)13
		CLAS	S			YEAR
LICENSEE NAME	: NARAYAND	AS CORPORATION	N			
DOING BUSINESS	S A WEBSTER	SQUARE PACKAG	E STORI	Ε		
ADDRESS 1014 M	AIN ST					
CITY/TOWN: WO	ORCESTER	STATE:	MA	ZIP CODE:	01603	
MANAGER: SHA	AH, AMISH R.	TYPE OF LICENS	E:Packag	e Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:				
		OFFICE, COUNTER OR IN FRONT, DEI				ROOM,
I hereby certify and	swear under pena	alties of perjury that:				
1. the renev	wed license will b	e of the same type for	or the san	ne premises now	licensed;	
2. the licen	see has complied	with all laws of the	Common	wealth relating t	o taxes; and	
3. the prem	ises are now oper	n for business (If not	explain l	pelow)		
SIGNED BY:						
BIGINED BI.	Individual, Pa	rtner or Authorized	Corporate	Officer		
DATE:	TELEP	HONE NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
				(Note: NOT Inc	dividual Social S	ecurity Number)
Please Check Below:			Ţ	OCAL LICENS	SING AUTHO	ORITY
APPROVED:				By:	nio Actin	JMT I
DISAPPROVED:				.,,		
(If disapproved expl	lain)		-			
			-			
			-			
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800317		CITY OR TOV	VN WORCES	TER
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 261 MA	IN STREET				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE	: 01604	
MANAGER: BES. CHR	AW, TY ISTOPHER P	PE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
2. the licens	ee has complied wit ses are now open fo	f the same type for the hall laws of the Conr business (If not exp	nmonwealth relati		
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		DYER IDENTIFICAT	
We the undersigne Acts of 2004, signe- license and (2) the	d by the building ir	-	ad of the fire dep	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICI By:	ENSING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800319		CITY	JK TOWN	WORCES	IEK
APPLICATION FOR F	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: J	ian Hui Group, Inc					
DOING BUSINESS A	Foodworks					
ADDRESS 50 SOUTH	WEST CUTOFF					
CITY/TOWN: WORC	CESTER	STATE: MA	ZIF	CODE:	01646	
MANAGER: Chong,	Dao Hong TYPE	OF LICENSE: Re	staurant	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDR	ESS		
DESCRIPTION OF LI						
ORIENTAL REST. WI PARKING LOT. TOTA DIMENSIONS ARE 8: FOR DELIVERY PUR	AL AREA OF APPR 3 FT. LENGTH AND	OX. 3075 SQ. FT.	PRIMA	RY USE	GROUP B;	
I hereby certify and swe	ear under penalties of	perjury that:				
1. the renewed	license will be of the	e same type for the	same pr	emises no	w licensed;	
2. the licensee	has complied with al	l laws of the Com	nonweal	th relating	to taxes; and	
3. the premises	s are now open for bu	siness (If not expl	ain belov	v)		
SIGNED BY:	Individual, Partner or	Authorized Corpo	orate Off	icer		
DATE:	TELEPHONE :	NUMBER:		EMPLOYI	ER IDENTIFICA	ΓΙΟΝ NUMBER:
			(N	lote: NOT I	ndividual Social S	Security Number)
We the undersigned, Acts of 2004, signed b license and (2) the cer	y the building inspe	ector and the head	d of the f	fire depar	tment for the	above named
Please Check Below:			LOCA	AL LICEN	ISING AUTH	ORITY
APPROVED:	7		By:			
DISAPPROVED:						
(If disapproved explain	)		-			
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15	0800321	CH	YOR TOWN	WURCESI	EK
APPLICATION FOR RI	ENEWAL: A	Annual	LICEN	SED FOR 20	013
	C	CLASS			YEAR
LICENSEE NAME: LI	EO A. VARETAS				
DOING BUSINESS A	LEO'S T-BIRD PIZZA				
ADDRESS 366 CHAND	DLER STREET				
CITY/TOWN: WORCE	ESTER STAT	E: MA	ZIP CODE:	01608	
MANAGER:	TYPE OF LIC	CENSE: Restaura	ant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL A	ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISES:				
3. the premises a SIGNED BY:	as complied with all laws of the are now open for business (	If not explain b	elow)	o taxes; and	
110	dividual, I artiful of Addition	ized Corporate	Officei		
DATE:	TELEPHONE NUMB	ER:	EMPLOYER (Note: NOT Ind		TION NUMBER:
Acts of 2004, signed by	ttest that we are in posses the building inspector ar ificate of liquor liability in	nd the head of t	he fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		Lu B	OCAL LICENS y:	ING AUTHO	ORITY
DATE:		_			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 150800326		CITY OR TOWN	WORCESTER
APPLICATIO	ON FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: LOTUS & S	ON, INC.		
DOING BUSI	NESS A			
ADDRESS 70	JAMES STREET			
CITY/TOWN	: WORCESTER	STATE: MA	ZIP CODE:	01601
MANAGER:	PCHEULAN, THAMARAI	TYPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PI	REMISES:		
BAR, STORA		RARY, PRIVATE LIVIN EN PREP ROOM. DANC NGE		
I hereby certif	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for t	he same premises now	licensed;
2. the	licensee has complie	d with all laws of the Cor	nmonwealth relating t	o taxes; and
3. the	premises are now op	en for business (If not ex	plain below)	
SIGNED BY		Partner or Authorized Co	porate Officer	
	individual, i	araier of Hamorized Col	poruce officer	
DATE:	TELE	PHONE NUMBER:	EMPI OYEI	R IDENTIFICATION NUMBER:
	ILL	HIONE NUMBER.		lividual Social Security Number)
<b>11</b> 7-41		(1)	41	- 1 h Ch4 204 - 64h -
				ed by Chapter 304 of the ment for the above named
license and (2	2) the certificate of l	iquor liability insurance	e required by Chapte	er 116 of the Acts of 2010.
Please Check Bel	low:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROV.				
(If disapprove	d explain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800327		CITY OR TOWN	WORCEST	TER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	CEC ENTERTAI	NMENT, INC			
DOING BUSINESS	A CHUCK E. CHE	EESE'S			
ADDRESS 50 SOU	THWEST CUTOFF				
CITY/TOWN: WC	ORCESTER	STATE: MA	ZIP CODE:	01601	
	/ERMANN, TY RICH	PE OF LICENSE: Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	ISES:			
	3. TOTAL AREA 10	G CAPACITY OF 66 0,911 SQ. FT. ALSO			
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	ved license will be of	f the same type for the	same premises now	licensed;	
	-	h all laws of the Com	_	o taxes; and	
3. the prem	ises are now open for	r business (If not expl	ain below)		
SIGNED BY:	Individual Dartna	er or Authorized Corne	orata Officar		
SIGNED BY:	Individual, Partne	er or Authorized Corpo	orate Officer		
SIGNED BY:	Individual, Partne	er or Authorized Corpo	orate Officer		
SIGNED BY:  DATE:		er or Authorized Corpo	EMPLOYE		TION NUMBER: ecurity Number)
DATE:  We the undersigned Acts of 2004, signed	TELEPHONed, attest that we are		EMPLOYEI (Note: <u>NOT</u> Inc e certificate requir l of the fire depart	lividual Social	ecurity Number) er 304 of the above named
DATE:  We the undersigne Acts of 2004, signe license and (2) the Please Check Below:	TELEPHONed, attest that we are	NE NUMBER: e in possession (1) th	EMPLOYEI (Note: <u>NOT</u> Inc e certificate requir l of the fire depart	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
DATE:  We the undersigned Acts of 2004, signed license and (2) the Please Check Below:  APPROVED:	TELEPHONed, attest that we are	NE NUMBER: e in possession (1) th	EMPLOYEI (Note: <u>NOT</u> Inc e certificate requir I of the fire depart equired by Chapte	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
DATE:  We the undersigne Acts of 2004, signe license and (2) the  Please Check Below:  APPROVED:  DISAPPROVED:	TELEPHONE at the area of the description of the building in certificate of liquor	NE NUMBER: e in possession (1) th	EMPLOYEI (Note: NOT Inc.) e certificate requirel of the fire departequired by Chapte	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
DATE:  We the undersigned Acts of 2004, signed license and (2) the Please Check Below:  APPROVED:	TELEPHONE at the area of the description of the building in certificate of liquor	NE NUMBER: e in possession (1) th	EMPLOYEI (Note: NOT Inc.) e certificate requirel of the fire departequired by Chapte	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
DATE:  We the undersigne Acts of 2004, signe license and (2) the  Please Check Below:  APPROVED:  DISAPPROVED:	TELEPHONE at the area of the description of the building in certificate of liquor	NE NUMBER: e in possession (1) th	EMPLOYEI (Note: NOT Inc.) e certificate requirel of the fire departequired by Chapte	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800330		CITY OR TOW	VN WORCES	TER
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		HITE'S			
ADDRESS 242 mill	street				
CITY/TOWN: WO	RCESTER	STATE: M	ZIP CODE	01601-02	
MANAGER: Canc	elmo, Joseph	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:			
ENTRANCE AND ETABLES	EXITS ON GRE	EENWOOD ST. LIQU	OR STORAGE ARI	EA, BATHROO	MS,
I hereby certify and s	swear under pen	alties of perjury that:			
1. the renew	ed license will	be of the same type for	the same premises r	now licensed;	
2. the license	ee has complied	l with all laws of the Co	ommonwealth relatii	ng to taxes; and	
3. the premi	ses are now ope	en for business (If not e	xplain below)		
SIGNED BY:					
	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:					
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICAT  Individual Social S	
			(11000) 1100	, marviduar Bociar B	recurry (valider)
Acts of 2004, signed	d by the buildi	e are in possession (1) ng inspector and the h quor liability insurand	nead of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	• `				
(If disapproved expla	ain)		-		
DATE:					
DITIL.					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15	50800333		CITY OR	TOWN	WORCEST	ER
APPLICATION FOR R	ENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: A DOING BUSINESS A ADDRESS 500 SALISE		LEGE				
CITY/TOWN: WORC		STATE: M	IA ZIP C	ODE:	01601-12	
MANAGER: SWINDI						All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LIC CAMPUS CENTER BL		ES:			KA GYMNA	ASIUM.
2. the licensee h 3. the premises  SIGNED BY:	icense will be of the has complied with a are now open for be addividual, Partner of	le same type for Il laws of the Cusiness (If not e	ommonwealth xplain below)	relating to		
DATE:	TELEPHONE	NUMBER:				TION NUMBER:
We the undersigned, a Acts of 2004, signed by license and (2) the cert	the building insp	ector and the l	) the certificat nead of the fir	te require e departn	ed by Chapte nent for the	er 304 of the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1508003	335	CITY OR TOWN	WORCESTER
APPLICATION FOR RENEW	VAL: Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DANAM DOING BUSINESS A LA RA ADDRESS 387 CAMBRIDGE	ΔZA		
CITY/TOWN: WORCESTER	STATE: M	A ZIP CODE:	01601-12
MANAGER: SANCHEZ, JA	VIER TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO DESCRIPTION OF LICENSE RETAIL SALES AREA, FREI EMPLOYEE_RESTROOMS,	EZER, WAREHOUSE, OFF	ICE, COOLER DINING	G ROOM
2. the licensee has cor 3. the premises are no SIGNED BY:	er penalties of perjury that: will be of the same type for nplied with all laws of the Co w open for business (If not e	ommonwealth relating to xplain below)	
DATE: T	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest to Acts of 2004, signed by the b license and (2) the certificate	uilding inspector and the h	ead of the fire departr	nent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800336		CITY OR TO	OWN WORCES	TER		
APPLICATION FOR	R RENEWAL:	Annual	L	ICENSED FOR 20	013		
		CLASS			YEAR		
DOING BUSINESS	H & L CONVENIE A CONVENIENCE	ŕ		TS			
ADDRESS 65 JAME	ES ST						
CITY/TOWN: WO	RCESTER	STATE: N	IA ZIP COD	DE: 01608			
MANAGER: DO, 1	NHAN, STEVE TYP	E OF LICENSE	:Package Store	CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WE		UR EMAIL ADDRESS				
	LICENSED PREMIS						
FIRST FLOOR ONE	E ROOM, ONE ENTR	RANCE AND EX	XIT,COOLERS				
	ee has complied with ses are now open for be Individual, Partner	ousiness (If not e	explain below)	ining to taxes, and			
DATE:	TELEPHONI	E NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	nin)		LOCAL LIG	CENSING AUTH	ORITY		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800343		CITY (	OR TOWN	WORCEST	ΓER
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	REVOLUTION ENT	TERTAINMENT	Г СОМРА	NY		
DOING BUSINESS	A JILLIAN'S					
ADDRESS 315 GRO	VE ST					
CITY/TOWN: WOI	RCESTER	STATE: M	A ZII	P CODE:	01608	
MANAGER: NIGR	O, DANIEL N. TYPE	OF LICENSE:	Restaurant	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDR	ESS		_
	LICENSED PREMISE					
	'ING OF 30 BILLIAR DNSISTING OF AN C					E AREA.
2. the license	ed license will be of the ee has complied with a es are now open for be Individual, Partner o	Il laws of the Cousiness (If not ex	ommonweal	th relating t		
DATE:	TELEPHONE	NUMBER:	1)			TION NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are in by the building insp ertificate of liquor lia	ector and the h	ead of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expla	 in)					
· II F	•					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	150800347		CITY OR TOWN	WORCEST	ER
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I	BRAVO PIZZERI	A AND RESTAURA	NT INC		
DOING BUSINESS A	GRILLE 57				
ADDRESS 57 HIGHL	AND ST				
CITY/TOWN: WORC	CESTER	STATE: MA	ZIP CODE:	01608	
	OULOPOULTY TER A.	PE OF LICENSE: Res	staurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		1
DESCRIPTION OF LI	CENSED PREMI	SES:			
ONE STORY BRICK I COUNTER AND LOU		ONT AND REAR EN	TRANCE. DINING	· AREA AND	O A
3. the premises	s are now open for	a all laws of the Comr business (If not explant or or Authorized Corpo	nin below)		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building in	spector and the head	l of the fire departi	ment for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:	٦		By:		
DISAPPROVED: (If disapproved explain	)				
(11 disappioved explain	,				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800352		CITY OR TOWN	WORCEST	ER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: ZOE ENTERPRISES, IN	C			
DOING BUSINESS A DIVE BAR				
ADDRESS 34 GREEN ST				
CITY/TOWN: WORCESTER ST	CATE: MA	ZIP CODE:	01601	
MANAGER: Lopez, Alejandro G TYPE OF	LICENSE: Geno pren		ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
MAIN ENTRANCE AT CORNER OF GREEN SIDE, FEW TABLES IN REAR, RESTROOMS patio	S AND DJ BOC		I SEATS ON	LEFT 
1. the renewed license will be of the san     2. the licensee has complied with all lav     3. the premises are now open for busine	ne type for the s	onwealth relating t		
SIGNED BY: Individual, Partner or Aut	thorized Corpor	ate Officer		
DATE: TELEPHONE NUM	MBER:	EMPLOYEI (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector license and (2) the certificate of liquor liability	r and the head	of the fire depart	ment for the	above named
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
,				
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	1: 150800355		C	ITY OR TOV	VN W	ORCEST	ER
APPLICATION FOR	R RENEWAL:	Annua	ıl	LIC	ENSE	D FOR 20	)13
		CLAS	S				YEAR
	NANCY CHANG W A NANCY CHANG	ORCESTER	, INC				
CITY/TOWN: WO		STATE:	MA	ZIP CODE	. (	1602	
MANAGER: CHA		OF LICENS					All Alcohol
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE		YOUR EMAI	L ADDRESS			
<ol> <li>the renew</li> <li>the license</li> </ol>	wear under penalties of the dicense will be of the dee has complied with a ses are now open for but	e same type f Il laws of the	or the sa Commo	nwealth relation			
SIGNED D1.	Individual, Partner of	r Authorized	Corpora	te Officer			
DATE:	TELEPHONE	NUMBER:					TION NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are in I by the building insper ertificate of liquor lia	ector and th	e head o	f the fire dep	artmei	nt for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)			LOCAL LICI By:	ENSIN	G AUTHO	ORITY
DATE:							



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800357	CIT	TY OR TOWN	WORCEST	ER	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS		,	YEAR	
LICENSEE NAME: kenichi 168 inc					
DOING BUSINESS A					
ADDRESS 270 SHREWSBURY ST					
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01604		
MANAGER: hu, jian ming TY	PE OF LICENSE: Restaur	ant CA	TEGORY:	All Alcohol	
EMAIL ADDRESS:					
DESCRIPTION OF LICENSED PREMISENTRANCE ON SHRESBURY ST. INTIN REAR SIDE  I hereby certify and swear under penalties	TO DIN RM WITH KIT I	N REA R BTHR		D EXIT	
1. the renewed license will be of	* *	-			
<ul><li>2. the licensee has complied with</li><li>3. the premises are now open for</li></ul>		•	taxes; and		
5. the premises are now open for					
SIGNED BY: Individual, Partner	or Authorized Corporate	Officer			
DATE: TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indiv		ION NUMBER:	
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head of	the fire departm	ent for the	above named	
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		OCAL LICENSI y:	NG AUTHO	ORITY	
DATE:	-				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800361		CITY OR TO	WN WORCES	TER
APPLICATION FOI	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SHIRAZ ARMEN	IAN CUISINE, INC			
DOING BUSINESS	A				
ADDRESS 259 PAR	RK AVE				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE	E: 01609	
MANAGER: KOC	THIAN, JACK TY	PE OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF					
DINING ROOM WI LOT IN REAR OF I		ONT ENTRANCE W	ITH REAR DO	OR OUT TO PAI	RKING
2. the licens	ee has complied with	the same type for the hall laws of the Comr business (If not exp	monwealth relati		
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT $oldsymbol{\Gamma}$ Individual Social S	
Acts of 2004, signed	d by the building in	e in possession (1) the espector and the heat liability insurance	d of the fire dep	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expla	ain)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 150800366		CITY OR TOW	VN WORCES	TER	
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013	
		CLASS			YEAR	
LICENSEE NAME:	MAIN STREET	Γ RESTAURANT ASS	SOCIATES INC			
DOING BUSINESS	A IRISH TIMES	S, MANSION HOUSE	OF WORCESTE	R		
ADDRESS 244 MAI	N ST					
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE	: 01608		
MANAGER: MOR	EY, DANA	ΓΥΡΕ OF LICENSE:	estaurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
DESCRIPTION OF		R WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS		_	
I hereby certify and s	wear under penal	ties of perjury that:				
1. the renew	ed license will be	of the same type for the	ne same premises r	now licensed;		
2. the license	ee has complied v	with all laws of the Cor	nmonwealth relatii	ng to taxes; and		
3. the premis	ses are now open	for business (If not exp	plain below)			
SIGNED BY:	Individual, Part	tner or Authorized Cor	porate Officer			
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICATION OF THE PROPERTY OF THE PROP		
Acts of 2004, signed	d by the building	are in possession (1) t s inspector and the he nor liability insurance	ad of the fire dep	artment for the	above named	
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY	
APPROVED: DISAPPROVED:			By:			
(If disapproved explain	uin)					
·FF-0.00 cylpie	• /					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800367	C	CITY OR TOWN	WORCEST	ER
APPLICATION FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: RHINO BITES, IN DOING BUSINESS A FLYING RHINO ADDRESS 278 SHREWSBURY ST	NC.			TEAK
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01604	
MANAGER: BARBER, PAUL TY	PE OF LICENSE: Resta	urant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR W  DESCRIPTION OF LICENSED PREMI	EBSITE AND ENTER YOUR EMA	IL ADDRESS		
ENTRANCE AND EXIT IN FRONT OF STRUCTURE. RESTAURANT AND L OFFICES AND STORAGE. TWO REST	OUNGE WILL BE ON	THE FIRST FLO	OR. SECON	
I hereby certify and swear under penalties         1. the renewed license will be of         2. the licensee has complied with         3. the premises are now open for	the same type for the same all laws of the Commo	nwealth relating to		
SIGNED BY: Individual, Partner	or Authorized Corpora	te Officer		
DATE: TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head o	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150	0800369		CI	TY OR	TOWN	WORCES	TER
APPLICATION FOR RE	NEWAL:	Annua	1		LICEN	SED FOR 20	013
		CLAS	S				YEAR
LICENSEE NAME: Sco	omarc Inc						
DOING BUSINESS A M	B LOUNGE						
ADDRESS 40 GRAFTON	N ST						
CITY/TOWN: WORCE	STER	STATE:	MA	ZIP CO	ODE:	01604	
MANAGER: HENRY,	JEFFREY TYP	E OF LICENS	E:Genera premis		C	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEAS	E ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAIL	ADDRESS			_
DESCRIPTION OF LICE							
FIRST FLOOR OF A TW ONE REAR EXIT, WITH ACCESSIBLE TO PUBL	SEPARATE KI						
I hereby certify and swear	under penalties	of perjury that:					
1. the renewed lic	cense will be of t	he same type fo	or the san	ne premi	ises now	licensed;	
2. the licensee ha	•				elating t	o taxes; and	
3. the premises an	re now open for l	business (If not	explain	below)			
SIGNED BY:							
	lividual, Partner	or Authorized	Corporat	e Office	r		
DATE:	TELEPHON	E NUMBER:		EN	MPLOYE	R IDENTIFICAT	TION NUMBER:
				(Note:	(Note: NOT Individual Social Security Number)		
We the undersigned, att Acts of 2004, signed by license and (2) the certif	the building ins	pector and the	head of	the fire	depart	ment for the	above named
Please Check Below:			I	LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			I	Ву:			
DISAPPROVED: (If disapproved explain)							
( sample of the confirmity							
DATE:							



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 150800372		CITY OR TOWN	WORCESTER	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	ME: L&C ENTERP	RISES, INC			
DOING BUSIN	ESS A PIZZA WORK	XS .			
ADDRESS 456	GROVE ST				
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01605	
MANAGER:	SPIRO, CESMIR T	TYPE OF LICENSE:R	estaurant CA	ATEGORY: Wine and Malt Regular	•
EMAIL ADDRI	ESS:				
		R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED PRE		O CTODA CE A DEA	OUTDOOD	
	RVICE, ONE ROOM		J STORAGE AREA .	OUTDOOK	
•	and swear under penal				
	enewed license will be	* *	•		
	censee has complied waremises are now open		_	taxes; and	
3. the p	remises are now open	ior business (ir not ex	Jiani ociow)		
SIGNED BY:					
5101,22 51,	Individual, Part	ner or Authorized Cor	porate Officer		
					7
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:	
			(Note: NOT Ind	ividual Social Security Number)	
We the unders	igned, attest that we	are in possession (1) t	he certificate require	ed by Chapter 304 of the	
				nent for the above named	
, ,	•	or nabinty insurance	required by Chapte	r 116 of the Acts of 2010.	
Please Check Below APPROVED:	<u>v:</u>			ING AUTHORITY	
DISAPPROVED.	D·		By:		
(If disapproved					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800374		CITY OR TOWN	WORCEST	ER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
LICENSEE NAME: RACHA THA DOING BUSINESS A RACHA THA ADDRESS 00545B SOUTHWEST O	AI RESTAURANT CUTOFF			YEAR
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01607	
EMAIL ADDRESS:	E DINING ROOM, TWO	MAIL ADDRESS		All Alcohol  OOR
1. the renewed license will b 2. the licensee has complied 3. the premises are now open  SIGNED BY:	e of the same type for the with all laws of the Com	monwealth relating to ain below)		
DATE	HONE NUMBER:			TION NUMBER: ecurity Number)
We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq	g inspector and the hea	d of the fire departı	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 150800381		CII	Y OR TOW.	N WORCES	IEK
APPLICATION FO	R RENEWAL:	Annua	I	LICE	ENSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME	: PEPPERCORNS	PARK AVENUE	E GRILLE	& BAR, INC	C.	
DOING BUSINESS	S A PEPPERCORN	IS GRILLE & BA	R			
ADDRESS 455 PA	RK AVENUE					
CITY/TOWN: WO	ORCESTER	STATE:	MA 2	ZIP CODE:	01610	
	VERI, TOMAS M.	YPE OF LICENS	E:Restaura	nt	CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER Y	OUR EMAIL AI	DDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:				
2. the licent	wed license will be one see has complied with the see has complied with the see are now open for	ith all laws of the	Commonwe	ealth relating		
SIGNED BY:	Individual, Partn	er or Authorized	Corporate (	Officer		
DATE:	TELEPHO	ONE NUMBER:			ER IDENTIFICA	
We the undersigned Acts of 2004, signed license and (2) the	ed by the building i	inspector and the	head of th	ne fire depa	rtment for the	above named
Please Check Below:			LC	CAL LICE	NSING AUTH	ORITY
APPROVED:			By	:		
DISAPPROVED: (If disapproved expl	Lain)					
(11 disappioved expl	iaiii <i>)</i>					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800382		CITY OR TOWN WORCE	SIEK
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	CAROL ANN TESSIE	R		
DOING BUSINESS A	PORTO BELLO RES	TAURANT		
ADDRESS 156 SHRE	WSBURY STREET			
CITY/TOWN: WOR	CESTER S	STATE: MA	ZIP CODE: 01604	
MANAGER: TESSI ANN	ER, CAROL TYPE O	F LICENSE: Res	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES:			
THE ADDITION OF	AN OUTSIDE DINNIN	G AREA.		
I hereby certify and sw	vear under penalties of p	erjury that:		
1. the renewed	d license will be of the s	ame type for the	same premises now licensed;	
2. the licensee	has complied with all la	aws of the Comn	nonwealth relating to taxes; an	d
3. the premise	es are now open for busin	ness (If not expla	nin below)	
SIGNED BY:				
	Individual, Partner or A	authorized Corpo	orate Officer	
DATE:	TELEPHONE N	(IMRED:	EMPLOYER IDENTIFIC	ATION NUMBER:
	TELEI HONE IV	JWIDEK.	(Note: NOT Individual Socia	
			e certificate required by Cha	
			l of the fire department for the equired by Chapter 116 of the	
Please Check Below: APPROVED:			LOCAL LICENSING AUT	HORITY
DISAPPROVED:	$\neg$		By:	
(If disapproved explain	_ n)			
(11 disapproved explain	<del>-</del> /			
DATE:				
D.11L.				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 150800384		CITY OR TOWN	WORCESTER
APPLICATION 1	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: 99 WEST, INC			
DOING BUSINE	ESS A 99 RESTAUR	ANT-PUBS		
ADDRESS 50 SO	OUTHWEST CUTO	FF		
CITY/TOWN: \	WORCESTER	STATE: MA	ZIP CODE:	01604
	CONNOLLY, CAVID	TYPE OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	<u> </u>
DESCRIPTION (	OF LICENSED PRE	MISES:		
		NG 32 SEATS AT BAE AND RESTROOMS.		GE AND REST
2. the lic	rensee has complied vemises are now open	of the same type for the vith all laws of the Comfor business (If not exponer or Authorized Corp.)	nmonwealth relating t lain below)	
DATE:	TELEPH	ONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, sig	gned by the building	inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
Please Check Below:	<u>.</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xpıaın)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800	385	CITY OR TOWN	WORCESTER
APPLICATION FOR RENEV			SED FOR 2013
LICENSEE NAME: SAHAF DOING BUSINESS A SAHA ADDRESS 143 HIGHLAND CITY/TOWN: WORCESTE	ARA CAFE & RESTAURAN	NT	YEAR 01609
MANAGER: AOUDE, FAR			ATEGORY: All Alcohol
EMAIL ADDRESS:  PLEASE ALS  DESCRIPTION OF LICENSE	O VISIT OUR WEBSITE AND ENTER YO ED PREMISES:	OUR EMAIL ADDRESS	
2. the licensee has con 3. the premises are no SIGNED BY:	er penalties of perjury that: e will be of the same type for mplied with all laws of the C ow open for business (If not of ual, Partner or Authorized C	Commonwealth relating to explain below)	
We the undersigned, attest t		(Note: <u>NOT</u> Ind	-
Acts of 2004, signed by the l license and (2) the certificat			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 150800387		CITY OR TOV	VN WORCES	IEK
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: WORCESTER R	ESTAURANT CORP			
DOING BUSINESS	S A ONE-ELEVEN	CHOP HOUSE			
ADDRESS 111 SHI	REWSBURY ST				
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE	: 01604	
MANAGER: FRA	ANSISCO, TY RON	YPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
SINGLE STORY N	EW STRUCTURE	FOR FULL SERVICE	E RESTAURAN	Γ_	
I hereby certify and	_				
		of the same type for the	-		
2. the licens	see has complied wit	th all laws of the Com	monwealth relati	ng to taxes; and	
3. the prem	ises are now open for	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA	
			(Note: NO	Individual Social S	Security Number)
Acts of 2004, signe	ed by the building in	re in possession (1) th nspector and the hea r liability insurance i	d of the fire dep	artment for the	above named
Please Check Below:	cormicate of fiquo	i ilusiilej ilisuruilee i	_	ENSING AUTH	
APPROVED:	l		By:	ENSING AUTH	OKITI
DISAPPROVED:			29.		
(If disapproved expl	tain)				
D 4 (TIE)					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800391		CITY OR TOWN	WORCEST	ER
APPLICATION FOR RENEWAL	: Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: COLWEN				
DOING BUSINESS A COURTY	ARD BY MARRIOTT			
ADDRESS 70 GROVE ST				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01605	
MANAGER: SCOTT, JULIE	TYPE OF LICENSE: Innl	nolder Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED I				
FOUR STORY HOTEL, 129 GUI AND A COURTYARD AREA W HOTEL				
2. the licensee has complete 3. the premises are now of SIGNED BY:	ll be of the same type for the ied with all laws of the Commopen for business (If not expla	nonwealth relating to in below)		
DATE				
DATE: TELI	EPHONE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, attest that Acts of 2004, signed by the buil license and (2) the certificate of	ding inspector and the head	certificate require	ed by Chapto nent for the	er 304 of the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:  CLASS  CLASS  YEAR  LICENSEE NAME: HOLDEN BRATTLE MARKET, INC.  DOING BUSINESS A  ADDRESS 1 BRATTLE ST  CITY/TOWN: WORCESTER  STATE: MA  ZIP CODE: 01606  MANAGER: ANGELIS, FOTINI TYPE OF LICENSE:Package Store  CATEGORY: Wine an Malt Re;  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  TWO STORY WOOD FRAME STRUCTURE, ONE FRONT DOOR AND ONE REAR DOOR  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
LICENSEE NAME: HOLDEN BRATTLE MARKET, INC.  DOING BUSINESS A  ADDRESS 1 BRATTLE ST  CITY/TOWN: WORCESTER STATE: MA ZIP CODE: 01606  MANAGER: ANGELIS, FOTINI TYPE OF LICENSE: Package Store CATEGORY: Wine an Malt Region of Licensed Premises:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  TWO STORY WOOD FRAME STRUCTURE, ONE FRONT DOOR AND ONE REAR DOOR  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;	
DOING BUSINESS A  ADDRESS 1 BRATTLE ST  CITY/TOWN: WORCESTER STATE: MA ZIP CODE: 01606  MANAGER: ANGELIS, FOTINI TYPE OF LICENSE: Package Store CATEGORY: Wine an Malt Resemble And Press  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  TWO STORY WOOD FRAME STRUCTURE, ONE FRONT DOOR AND ONE REAR DOOR  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;	
ADDRESS 1 BRATTLE ST  CITY/TOWN: WORCESTER STATE: MA ZIP CODE: 01606  MANAGER: ANGELIS, FOTINI TYPE OF LICENSE:Package Store CATEGORY: Wine an Malt Research Malt Address  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  TWO STORY WOOD FRAME STRUCTURE, ONE FRONT DOOR AND ONE REAR DOOR  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;	
CITY/TOWN: WORCESTER STATE: MA ZIP CODE: 01606  MANAGER: ANGELIS, FOTINI TYPE OF LICENSE: Package Store CATEGORY: Wine an Malt Region of Licenses also visit our website and enter your email address  DESCRIPTION OF LICENSED PREMISES:  TWO STORY WOOD FRAME STRUCTURE, ONE FRONT DOOR AND ONE REAR DOOR  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;	
MANAGER: ANGELIS, FOTINI TYPE OF LICENSE:Package Store CATEGORY: Wine an Malt Re  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  TWO STORY WOOD FRAME STRUCTURE, ONE FRONT DOOR AND ONE REAR DOOR  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;	
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  TWO STORY WOOD FRAME STRUCTURE, ONE FRONT DOOR AND ONE REAR DOOR  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;	
DESCRIPTION OF LICENSED PREMISES: TWO STORY WOOD FRAME STRUCTURE, ONE FRONT DOOR AND ONE REAR DOOR  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;	
DESCRIPTION OF LICENSED PREMISES:  TWO STORY WOOD FRAME STRUCTURE, ONE FRONT DOOR AND ONE REAR DOOR  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;	
TWO STORY WOOD FRAME STRUCTURE, ONE FRONT DOOR AND ONE REAR DOOR  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;	
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;	
1. the renewed license will be of the same type for the same premises now licensed;	
3. the premises are now open for business (If not explain below)  SIGNED BY:  Individual, Partner or Authorized Corporate Officer	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)  LOCAL LICENSING AUTHORITY  By:	-
DATE:	-



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	2K: 150800393		CITY OR TOW	N WORCES	IEK
APPLICATION FO	OR RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: EL BASHA, INC				
DOING BUSINES	S A				
ADDRESS 424 BI	ELMONT STREET				
CITY/TOWN: W	ORCESTER	STATE: MA	ZIP CODE:	01605	
	KHAT, JEAN TY BIL	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREM	ISES:			
3. the pren SIGNED BY:	·	or business (If not expl			
	marviduai, Farme	a of Authorized Corpo	orate Officer		
DATE:	TELEDHO	NE NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELETHO	NE NOMBER.		Individual Social S	
Acts of 2004, sign	ed by the building in	re in possession (1) th nspector and the head r liability insurance i	d of the fire depa	artment for the	above named
Please Check Below:	_		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
(II disappioved exp	714111 <i>)</i>				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 150800394		CITY OR TOWN	WORCES!	IEK
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		GLAND LLC			
ADDRESS 632 PAR	RK AVENUE				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01603	
MANAGER: GAU	JVIN, FRANK TY	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		EBSITE AND ENTER YOUR E SES:	MAIL ADDRESS		
I hereby certify and s	swear under penalties	s of perjury that:			
•	•	the same type for the	same premises no	w licensed;	
2. the licens	ee has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ses are now open for	business (If not expl	ain below)		
SIGNED BY:	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the hea liability insurance i	d of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved explain)	ain)				
The state of the s	,				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 150800396		CITY	JR TOW.	N WORCE	SIEK
APPLICATION FO	R RENEWAL:	Annual		LICE	ENSED FOR	2013
		CLASS				YEAR
LICENSEE NAME:	THE CENTRAL MASINC.	SSACHUSETTS	SYMPH	ONY OR	CHESTRA,	
DOING BUSINESS	Α					
ADDRESS 10 TUC	KERMAN STREET					
CITY/TOWN: WC	RCESTER	STATE: MA	ZII	P CODE:	01609	
MANAGER: LEV J.	ENSON, PAUL TYPE		eneral on emise		CATEGORY	: All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBSI LICENSED PREMISES		EMAIL ADDR	ESS		
2. the licens	wed license will be of the see has complied with all ises are now open for bu	l laws of the Com	nmonweal	th relating		i
SIGNED BY:	Individual, Partner or	Authorized Corp	oorate Off	icer		
DATE:	TELEPHONE I	NUMBER:	(1)			ATION NUMBER: 1 Security Number)
Acts of 2004, signe	ed, attest that we are in d by the building inspe certificate of liquor lia	ector and the hea	ad of the	fire depa	rtment for th	ne above named
Please Check Below:			LOCA	AL LICE	NSING AUT	HORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	 ain)					
(ii disappio vod expi	·····)					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED BY LICE	NSEES DURING THE	MONTH OF	NOVEMBER	(M.G.L. Ch. 138 S	5 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	50800397		CITY OR TOWN	WORCES	TER
APPLICATION FOR R	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A	CHIODA'S TRAT				
ADDRESS 631 FRAN					
CITY/TOWN: WORC	CESTER	STATE: MA	ZIP CODE:	01604	
MANAGER: CHIOD P.	A, STEVEN TYP	E OF LICENSE:Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		BSITE AND ENTER YOUR F	CMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	ES:			
2. the licensee	has complied with	• •	e same premises nov monwealth relating lain below)		
	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:			TION NUMBER: Security Number)
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building ins	pector and the hea	d of the fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	]		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800398	(	CITY OR TOWN	WORCEST	TER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: PHO DAKAO, INC	C			
DOING BUSINESS A				
ADDRESS 00593B PARK AVENUE				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01603	
MANAGER: PHAM, HIEP TYPE	PE OF LICENSE: Resta	aurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W. DESCRIPTION OF LICENSED PREMIS	EBSITE AND ENTER YOUR EMA SES:	AIL ADDRESS		
the renewed license will be of     the licensee has complied with     the premises are now open for  SIGNED BY:	all laws of the Commo business (If not explain	onwealth relating to n below)		
Individual, Partner	or Authorized Corpora	ate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor	spector and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800402	CITY OR TOWN WORCESTER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: SQUARE ONE SPORTS BAR & C	BRILLE
DOING BUSINESS A	
ADDRESS 139 GREEN ST	
CITY/TOWN: WORCESTER STATE: N	MA ZIP CODE: 01604
MANAGER: GEARY, JEREMY TYPE OF LICENSE	E:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
RESTAURANT, LOUNGE AREA, LOUNGE/BAR, KIT ,ADDITION OF OUTSIDE PATIO.	CHEN, DELI AREA, DINING AREA
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type fo	r the same premises now licensed;
2. the licensee has complied with all laws of the C	Commonwealth relating to taxes; and
3. the premises are now open for business (If not	explain below)
SIGNED BY:	
Individual, Partner or Authorized C	Corporate Officer
DATE	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
	(Note: NOT individual Social Security Number)
We the undersigned, attest that we are in possession (1	
Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurar	
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800	407	CITY OR TOWN WORCES	TER
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: THE V	AN LE		
DOING BUSINESS A VIETI	NAMESE DRAGON RESTAU	RANT	
ADDRESS 755 MAIN ST			
CITY/TOWN: WORCESTE	R STATE: MA	ZIP CODE: 01610	
MANAGER:	TYPE OF LICENSE:Re	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
FULL SERVICE KITCHEN,	STORAGE ROOM AND COO	LER.	
			-
2. the licensee has con 3. the premises are no SIGNED BY:	e will be of the same type for the mplied with all laws of the Combw open for business (If not exputal, Partner or Authorized Corp.	nmonwealth relating to taxes; and lain below)	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed by the l	ouilding inspector and the hea	he certificate required by Chap ad of the fire department for th required by Chapter 116 of the	e above named
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disupproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 150800409		CITY OR TOWN WORCE	ESTER
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAN	ME: BROADWA	Y CATERING & RESTA	URANT,INC	
DOING BUSINE	ESS A			
ADDRESS 100 V	WATER ST			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 01604	
MANAGER: I	SILDAKLI, ⁄ASALIKA	TYPE OF LICENSE: Ro	estaurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	OF LICENSED PR			
3024 SQ FT OF AND BATHROO		3LDG, WALK IN FREEZ	ZER, COUNTERS, STOOLS, E	BOOTHS
				_
L hereby certify a	nd swear under nei	nalties of perjury that:		
•	•	- · ·	e same premises now licensed;	
		· -	monwealth relating to taxes; an	ıd
	-	en for business (If not exp	<u> </u>	
SIGNED BY:				
	Individual, P	artner or Authorized Corp	oorate Officer	
DATE:			EMBLOVED IDENTIFIC	CATION NUMBER.
DATE.	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004, sig	gned by the buildi	ing inspector and the hea	he certificate required by Chand of the fire department for t	he above named
` ,		quor nabinty insurance	required by Chapter 116 of the	ne Acts of 2010.
Please Check Below:	<u>:</u>		LOCAL LICENSING AUT	THORITY
APPROVED: DISAPPROVED	 >-		Ву:	
(If disapproved e				
	- 1			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800414		CITY OR TOWN	1 WORCES	TER
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	_				
DOING BUSINESS A	•				
ADDRESS 166 SHRE					
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE:	01604	
MANAGER: Lody,	Kevin T	YPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L		WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
I hereby certify and sw	ear under penalti	ies of perjury that:			
•	-	of the same type for the	same premises no	w licensed;	
2. the licensee	has complied wi	ith all laws of the Com	monwealth relating	to taxes; and	
3. the premise	s are now open for	or business (If not expl	ain below)		
SIGNED BY:	Individual Partn	ner or Authorized Corpo	orata Officar		
	marviduai, i arui	er of Authorized Corp.	orate Officer		
DATE:	TELEDIA	NIE NIIMDED.	FMPI OY	ER IDENTIFICAT	TION NUMBER:
	TELEPHO	ONE NUMBER:		Individual Social S	
Acts of 2004, signed	by the building i	re in possession (1) th inspector and the head or liability insurance r	d of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:	٦		By:		
DISAPPROVED: (If disapproved explain	_ 1)				
(ii disupproved explain	<del>*</del> /				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	<b>C</b> : 150800417		CITY OR TOV	WN WORCEST	EK
APPLICATION FOI	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WUHAN ENTE	RPRISE,INC			
DOING BUSINESS	A HAIKU SUSH	I BAR & GRILL			
ADDRESS 256 PAR	RK AVENUE				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE	i: 01609	
MANAGER: ROM	IANO, JEAN T	YPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
TO MAKE OPENIN WILL BE EXPAND		Γ ROOM TO MAKE	A FUNCTION R	OOMKITCHE	EN AREA
I hereby certify and s	swear under penalt	es of perjury that:			
1. the renew	ed license will be	of the same type for th	e same premises i	now licensed;	
2. the licens	ee has complied w	ith all laws of the Com	monwealth relati	ng to taxes; and	
3. the premi	ses are now open f	or business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partr	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLO	OYER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
*** 41 1 1		• (4) (1			204 641
		re in possession (1) thinspector and the hea			
		or liability insurance			
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:	31,311,6116111	<b>9141 1</b>
DISAPPROVED:			•		
(If disapproved expla	ain)				
			-		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800418		CITY OR TOWN	WORCESTER
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	NSED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 97 MILL	A CAFE NEO			
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01610
MANAGER: TSIC NE A	GAS,KATHERI TYP A.	E OF LICENSE:Re	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS	
RESTAURANT IS O	LICENSED PREMIS ON STREET LEVEL, HICH EXITS TO RE	THERE IS ONE E		FACING MILLBURY
	ee has complied with ses are now open for I		lain below)	to taxes; and
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the building ins	pector and the hea	d of the fire depart	red by Chapter 304 of the tment for the above named er 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICEN. By:	SING AUTHORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 150800419		CITY OR TOWN	WORCEST	ER
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013		
		CLASS		,	YEAR
LICENSEE NA	AME: WORCESTER	POLYTECHNIC INST	TITUTE CAMPUS C	ENTER	
DOING BUSIN	NESS A				
ADDRESS For	unders Hall				
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01609	
MANAGER:	MCLAUGHLIN, JAMES	TYPE OF LICENSE:G	eneral on Caremise	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PRE	EMISES:			
	premises are now open	with all laws of the Com n for business (If not exp rtner or Authorized Corp	olain below)	o taxes; and	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT.	
Acts of 2004,	signed by the building	e are in possession (1) to g inspector and the hea uor liability insurance	ad of the fire departi	nent for the	above named
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800420		CITY OR TOWN	WORCEST	TER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	JOHN LYONS				
DOING BUSINESS	A THE ICEBOX	X			
ADDRESS 1454 GF	RAFTON STREE	T			
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01604	
MANAGER:	,	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	EMISES:			
2. the licens	see has complied vises are now open	e of the same type for the with all laws of the Comfor business (If not expented the comformal for Authorized Corp.)	nmonwealth relating to		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED	BY LICENSEES DURING THE I	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800422		CITY OR TOWN	WORCEST	TER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	97103 WATE	R STREET LLC			
DOING BUSINESS	A JOSE MURI	PHY'S			
ADDRESS 97 WAT	ER STREET				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01604	
	KANE, MOND	TYPE OF LICENSE:Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF					
2ND FLOOR REST.	AURNAT TAB	LOOR BAR, TABLES, C LES BATHROOMS. EM GRESS FROM BUILDIN	ERGENCY EXITS		HEN.
2. the licens	red license will be the has complied ses are now open	be of the same type for the with all laws of the Comin for business (If not explanation or Authorized Corporation)	monwealth relating t ain below)		
DATE:	TELEP	HONE NUMBER:			TION NUMBER: ecurity Number)
Acts of 2004, signed	d by the buildir	e are in possession (1) th ng inspector and the head quor liability insurance n	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved explain	ain)				
(11 disapproved expre	~t <i>j</i>				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15	50800424		CITY OR T	OWN V	VORCEST	ER
APPLICATION FOR RI	ENEWAL:	Annual		LICENSE	D FOR 20	013
		CLASS				YEAR
LICENSEE NAME: SU	U <b>RYAVANISH</b> I	I, INC.				
DOING BUSINESS A	SURYA INDIAN	N RESTAURANT				
ADDRESS 299 SHREW	SBURY STREE	ET				
CITY/TOWN: WORCI	ESTER	STATE: M	A ZIP CO	DE:	01604	
MANAGER: Sharda, I	Rajat TY	PE OF LICENSE:	Restaurant	CAT	EGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA DESCRIPTION OF LIC		VEBSITE AND ENTER YOU ISES:	UR EMAIL ADDRESS			-
I hereby certify and swea	ar under penaltie	s of perjury that:				
1. the renewed l	icense will be of	f the same type for	the same premis	es now lic	ensed;	
2. the licensee h	as complied with	h all laws of the Co	ommonwealth re	lating to ta	axes; and	
3. the premises	are now open for	r business (If not e	xplain below)			
SIGNED BY:	ndividual, Partne	er or Authorized Co	orporate Officer			
DATE:	TELEPHO	NE NUMBER:	EM	PLOYER ID	DENTIFICAT	ION NUMBER:
			(Note: <u>I</u>	NOT Individ	dual Social So	ecurity Number)
We the undersigned, at Acts of 2004, signed by license and (2) the cert	the building in	spector and the h	ead of the fire	departme	nt for the	above named
Please Check Below:			LOCAL L	ICENSIN	G AUTHO	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explain)						
( Sample 1 ( So only min)						
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800425		CITY OR TOV	VN WORCES	TER
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ANOKYE KRO	OM			
DOING BUSINESS	A ANOKE KRO	OM			
ADDRESS 687 MII	LBURY STREE	T			
CITY/TOWN: WC	RCESTER	STATE: MA	ZIP CODE	: 01603	
	ATENG, HARD	TYPE OF LICENSE:R€	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF					
		R SEATING APPROX 5 ROOMS AND A KITC		ATED IN FRONT	ΓAND
	ises are now open	with all laws of the Com for business (If not exp.) there or Authorized Corp	ain below)		
DATE:	TELEPH	IONE NUMBER:		OYER IDENTIFICAT	
Acts of 2004, signe	d by the building	are in possession (1) the g inspector and the hea uor liability insurance	d of the fire dep	artment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expl	ain)				
(11 disappioved expi	am)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 150800432		CITY OR TOWN WC	DRCESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: DIVMAR, LLC			
DOING BUSI	NESS A BLACKSTONE	ETAP		
ADDRESS 81	WATER ST			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 01	604
MANAGER:	MARARIAN, TY JEFFERSON S.	PE OF LICENSE: Res	staurant CATEO	GORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
FRONT OF B	FFLOOR WITH BAR AI LDG. AND 1 ON WESTI DES BASEMENT FOR S	ERLY SIDE OF BLDO	G.CONTAINS APPROX	.2800 SQ. FT.
I hereby certify	y and swear under penaltic	es of perjury that:		
1. the	renewed license will be o	f the same type for the	same premises now licen	ised;
2. the	licensee has complied with	th all laws of the Comr	nonwealth relating to taxe	es; and
3. the	premises are now open for	or business (If not expla	ain below)	
SIGNED BY:		er or Authorized Corpo	arota Officar	
	marviduai, Parine	er of Aumonzed Corpc	orate Officer	
DATE:	TEL EDITO	WE WILLIAM TO ED	EMDI OVED IDEN	NTIFICATION NUMBER:
DITTE.	TELEPHO	NE NUMBER:		al Social Security Number)
Acts of 2004,	rsigned, attest that we an signed by the building in the certificate of liquo	nspector and the head	l of the fire department	for the above named
Please Check Belo	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	l explain)			
				<u> </u>
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	50800433		CITY OR TOWN	WORCES	ΓER
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: V	ICTORY BAR & C	CIGAR, LLC			
ADDRESS 56 SHREW	SBURY ST				
CITY/TOWN: WORC		STATE: MA	ZIP CODE:	01604	
MANAGER: PISCEL		E OF LICENSE: G		ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISE	ES:			
TWO ENTRANCES/EX RETAIL COUNTER, S			The state of the s		* * * * * * * * * * * * * * * * * * *
SIGNED BY:	are now open for bu				
DATE:	TELEPHONE	NUMBER:			ΠΟΝ NUMBER: Security Number)
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building insp	ector and the hea	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 150800438		CITY OR TOWN	WORCESTER
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: BOCADO INC.			
DOING BUSIN	IESS A BOCADO TAPA	AS WINE BAR		
ADDRESS 82 V	WINTER ST			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01608
	COVINO, TY DEBORAH	PE OF LICENSE: Re	estaurant C	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	OF LICENSED PREMI			
FIRST FLOOR	OF A THREE STORY E	BUILDING, TWO M	EANS OF ENTRY	, THREE OF EGRESS
I hereby certify	and swear under penaltie	s of perjury that:		
	enewed license will be of	* *	•	
	icensee has complied with		_	to taxes; and
3. the p	premises are now open for	business (If not exp	lain below)	
SIGNED BY:	Individual Partne	r or Authorized Corp	oorate Officer	
	marviduai, i arme	of Addionized Corp	orate officer	
DATE:	TELEDIJON	JE NIJIMDED.	EMPLOYE	R IDENTIFICATION NUMBER:
	TELEPHON	NE NUMBER:		dividual Social Security Number)
***				11 61 4 604 64
				red by Chapter 304 of the ment for the above named
				er 116 of the Acts of 2010.
Please Check Belov	W:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800442		CITY OR TOWN	WORCEST	EK
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BARDAIR, INC.				
DOING BUSINESS	A VIVA BENE RIST	ORANTE			
ADDRESS 144 CO	MMERCIAL STREET				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
	RRAHI, TYPE NDANA	OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:			
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of wed license will be of the see has complied with all ises are now open for bu	e same type for the	onwealth relating t		
SIGNED BY:	Individual, Partner of	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are ir d by the building insp certificate of liquor lia	ector and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expl	 ain)				
(ii disuppioved expi	uiii)				
DATE:					_



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800443		CITY (	OR TOWN	WORCES	TER
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A		2.				
ADDRESS 157 SHR	EWSBURY STREET	Γ				
CITY/TOWN: WOF	RCESTER	STATE: MA	ZII	P CODE:	01604	
MANAGER: PICC	OLO, JOHN TYP	E OF LICENSE: Re	estaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDR	ESS		_
DESCRIPTION OF I 2 DINING RMS. ON AREA, KITCHEN W CHAIRS.	1ST FLOOR W/MA // ANOTHER MEAN	IN ENTRANCE A				
2. the license	ed license will be of the has complied with the es are now open for the	all laws of the Com	monweal	th relating		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Off	icer		
DATE:	TELEPHONE	E NUMBER:	(N			TION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building insp	pector and the hea	d of the	fire depart	tment for the	above named
Please Check Below: APPROVED:				AL LICEN	SING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain	in)					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY LIC	CENSEES DURING THE I	MONTH OF	NOVEMBER (I	M.G.L. Ch. 138 \$ 10	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800444		CITY OR TOW	N WORCES	IEK
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: TWINNIKIE, INC.				
DOING BUSINESS	S A DANTE'S				
ADDRESS 421 SH	REWSBURY STREET				
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE:	01604	
	LCYK, TYPE HARD G.	OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:			
2. the licen	wed license will be of the see has complied with al uises are now open for bu	l laws of the Comm	nonwealth relating		
SIGNED BY:	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE :	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are in ed by the building inspe certificate of liquor lia	ector and the head	of the fire depart	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	loin)				
(If disapproved exp	14111 <i>)</i>				
DATE:			-		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800445		CITY OR TOWN	WORCEST	ΓER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GALWAY B	AY INC.			
DOING BUSINESS	A				
ADDRESS 186 STA	AFFORD STRE	ET			
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01603	
	ONNOR, PHEN	TYPE OF LICENSE:	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
BAR, BOOTH SEA	TING, RESTR	OOMS.			
	ses are now ope	d with all laws of the Coren for business (If not ex	plain below)	to taxes; and	
DATE:	TELE	PHONE NUMBER:			TION NUMBER:
Acts of 2004, signe	d by the buildi	ve are in possession (1) ng inspector and the he quor liability insurance	ad of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved explain	ain)				
· · · · · · · · · · · · · · · · · · ·	··· <del>'</del> /				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800447		CITY OR TOW	N WORCES	TER
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 65 GREE	N STREET				
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE:	01604	
MANAGER: VERD	OINI, MARK TYI	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L		EBSITE AND ENTER YOUR E	MAIL ADDRESS		
2. the license	d license will be of e has complied with	the same type for the all laws of the Combusiness (If not expl	monwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the head	d of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEI By:	NSING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 150800449		CITYORI	OWN	WURCES	EK
APPLICATION FO	R RENEWAL:	Annual	Ι	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	RED LANTERN,	, INC				
DOING BUSINESS	A					
ADDRESS 235 SHE	REWSBURY ST					
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP COI	DE:	01604	
MANAGER: DUE	BE, KELLY A. TY	YPE OF LICENSE: R	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF						
APPROX 3500 SQ I	FT WHICH HAS FI	RONT ENTRANCE	AND SIDE EX	TI		
I hereby certify and s	swear under penaltie	es of perjury that:				
1. the renew	ed license will be o	of the same type for th	e same premise	es now	licensed;	
2. the licens	ee has complied wit	th all laws of the Con	nmonwealth rel	ating to	taxes; and	
3. the premi	ses are now open for	or business (If not exp	lain below)			
SIGNED BY:						
	Individual, Partne	er or Authorized Corp	orate Officer			
DATE:	TELEPHO:	NE NUMBER:				TION NUMBER:
			(Note: <u>I</u>	NOI Ind	ividual Social S	ecurity Number)
We the undersigne	d, attest that we ar	re in possession (1) t	he certificate i	require	ed by Chapt	er 304 of the
		nspector and the hea				
	certificate of fiquor	r liability insurance	required by C	ларце	r 116 of the	ACIS 01 2010.
Please Check Below: APPROVED:				ICENS	ING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain	ain)					
	•					
DATE:						
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVE	MBER (M	.G.L. Ch. 138 \$ 1	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 150800451		CITY OR TOWN WORK	ESIEK
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME:	CARRINGTON I	HALL LLC		
DOING BUSINESS	A			
ADDRESS 90 HAR	DING STREET			
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE: 01604	
MANAGER: CHA	ASE, STEPHEN TY	PE OF LICENSE: Rest	caurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
_ALTERATION FO	OR OUTSIDE PATION	0		
I hereby certify and s	swear under penaltie	es of perjury that:		
		• •	same premises now licensed	
	•		onwealth relating to taxes; a	and
3. the premi	ses are now open fo	r business (If not explai	in below)	
-				
SIGNED BY:	India: deal Deates		orte Officer	
	individual, Partne	er or Authorized Corpor	rate Officer	
D 4 500				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIF	
			(Note: <u>NOT</u> Individual So	cial Security Number)
We the undersigne	d, attest that we ar	e in possession (1) the	certificate required by Cl	napter 304 of the
			of the fire department for	
ncense and (2) the	certificate of fiquor	r nabinty insurance re	quired by Chapter 116 of	tne Acts of 2010.
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED: [ (If disapproved explain	 ain)			
(II disappioved expli	u111 <i>)</i>			
DATE:			-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800454		CITY OR TO	WN WORCES	TER
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: COLWEN M	MANAGEMENT, INC			
DOING BUSINESS	S A RESIDENCE	CE INN BY MARRIOTT			
ADDRESS 503 PL	ANTATION ST	Γ			
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP COD	E: 01605	
	DRIQUEZ, AWN	TYPE OF LICENSE: Inn	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS	<b>b:</b>				
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF					
SEVEN SEAT SM.	ALL LOBBY B	SAR IN THE 122 RESIDEN	NCE INN		
2. the licen	isee has complie	be of the same type for the ed with all laws of the Compensor for business (If not exploration or Authorized Corporation).	monwealth rela		
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICATE  OYER IDENTIFI	
Acts of 2004, signe	ed by the build	we are in possession (1) th ling inspector and the hea liquor liability insurance i	d of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:	]		By:		
DISAPPROVED: (If disapproved exp	lain)				
(ii disappioved exp	14111)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15	0800455		CITY OR TOWN	WORCESTER
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: TA	KARA RESTAU	JRANT INC.		
DOING BUSINESS A				
ADDRESS 10-14 MILLI	BURY STREET			
CITY/TOWN: WORCE	STER	STATE: MA	ZIP CODE:	01610
MANAGER: MINH CA	AO, SON TYP	E OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLEAS	SE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICE	ENSED PREMIS	ES:		
	•	all laws of the Com pusiness (If not exp	monwealth relating to	taxes; and
	dividual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed by	the building insp	pector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain)				
(11 disappioved expiain)				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 150800456		CITY OR TOWN WORCES	SIEK
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSIN	ME: THE WINE VINE LI ESS A 2-B HIGHLAND AVE.	LC		
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 01609	
	CHHOEUK,CAMIL TYPE LE BOUCHARD	OF LICENSE: Pac	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMISE	S:		
	censee has complied with al remises are now open for bu	siness (If not expla		I
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below APPROVED: [ DISAPPROVEI (If disapproved 6	D:		LOCAL LICENSING AUTI By:	HORITY
DATE:			_	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 150800457		CITY OR TOW	N WORCES	TER
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	RUBY TUESDAY A RUBY TUESDA				
ADDRESS LINCOL	LN ST				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01111	
	LESPIE, TY	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
2. the licens	see has complied with ises are now open for	the same type for the n all laws of the Combiness (If not expl	monwealth relating		
	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the hear liability insurance i	d of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICE. By:	NSING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800458		CITY OR TOWN	WORCEST	TER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	MOEMONEY				
DOING BUSINESS	A MOE'S SOUTHV	WEST GRILL			
ADDRESS 3 STAF	FORD STREET				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01603	
MANAGER: ROU	JLEAU, RYAN TYI	PE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR W. LICENSED PREMIS	EBSITE AND ENTER YOUR EM SES:	AIL ADDRESS		_
I hereby certify and	swear under penalties	s of perjury that:			
1. the renew	ved license will be of	the same type for the	same premises now	licensed;	
2. the licens	ee has complied with	all laws of the Comm	onwealth relating to	taxes; and	
3. the premi	ses are now open for	business (If not expla	in below)		
SIGNED BY:	Individual, Partner	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the head liability insurance re	of the fire departs	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl					
(11 disappioved expi	u111 <i>)</i>				_
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1508	J0459	CITY OR TOW	VIV WORCEST	EK
APPLICATION FOR REN	EWAL: Annu	ual LIC	ENSED FOR 20	013
	CLA	SS		YEAR
LICENSEE NAME: Y NO	ON REN LLC			
DOING BUSINESS A BA	BA			
ADDRESS 309 PARK AVI	3			
CITY/TOWN: WORCEST	TER STATE:	MA ZIP CODE:	: 01609	
MANAGER: Lam, Jennife	er TYPE OF LICEN	SE:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER	R YOUR EMAIL ADDRESS		L
DESCRIPTION OF LICEN	SED PREMISES:			
TWO STORY BLDG COM STAIRS WHICH RUN TO			AND BACK DO	OR,
I hereby certify and swear u	nder penalties of perjury tha	at:		
1. the renewed lices	nse will be of the same type	for the same premises n	now licensed;	
2. the licensee has	complied with all laws of th	e Commonwealth relatir	ng to taxes; and	
3. the premises are	now open for business (If n	ot explain below)		
SIGNED BY:				
Indiv	ridual, Partner or Authorize	d Corporate Officer		
DATE:	TELEPHONE NUMBER:	EMPLO	YER IDENTIFICAT	ION NUMBER:
			Individual Social So	ecurity Number)
<b>33</b> 7 41 1 1 1 44	4.41	(4) (1)	. 11 61 4	204 64
We the undersigned, attes Acts of 2004, signed by th				
license and (2) the certific				
Please Check Below:		LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:		By:	31 (311 (3 110 111)	
DISAPPROVED:		·		
(If disapproved explain)				
DATE:		_		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800461		CITY OR TOWN	WORCESTER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	CANTINA BAR &	: GRILL		
DOING BUSINESS A	A			
ADDRESS 385 MAII	N STREET			
CITY/TOWN: WOR	RCESTER	STATE: MA	ZIP CODE:	01608
MANAGER: CARV	/AJAL,GRACETYI	PE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMI	SES:		
SPORTS BAR AND	PUB STYLE PREM	IISES.		
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	d license will be of	the same type for the	e same premises now	licensed;
2. the license	e has complied with	all laws of the Com	monwealth relating to	taxes; and
3. the premise	es are now open for	business (If not exp	lain below)	
SIGNED BY:				
SIGINED D1.	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
				ed by Chapter 304 of the ment for the above named
				r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			J	
(If disapproved explain	in)		-	
DATE				
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800462		CITY OR TOW	N WORCES.	IEK
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CORAL SEAFOOD W	ORCESTER INC	2.		
DOING BUSINESS A	TARA PUB				
ADDRESS 225-33 SH	IREWSBURY STREET	Γ			
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE:	01604	
MANAGER: VOYI. DEME	ATZIS, TYPE C	OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
INCLUDING SIDEW	ALK CAFE				
I hereby certify and sw	vear under penalties of p	perjury that:			
1. the renewed	d license will be of the s	same type for the	same premises n	ow licensed;	
2. the licensee	e has complied with all	laws of the Comn	nonwealth relatin	g to taxes; and	
3. the premise	es are now open for busi	iness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or A	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	IIMRFR:	EMPLO'	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEELI HONE IV	CWIDEK.	(Note: NOT	Individual Social S	Security Number)
We the undersigned,	attest that we are in p	possession (1) the	certificate requ	uired by Chapt	er 304 of the
	by the building inspecertificate of liquor liab				
		<b>y</b>			
Please Check Below: APPROVED:				NSING AUTH	ORITY
DISAPPROVED:	$\neg$		By:		
(If disapproved explain	_ n)				
(11 disapproved explain	~/				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800466		CITY OR TOWN	WORCESTER	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: RIVERFRONT FO	OODSERVICE CORP	ORATION		
DOING BUSINESS A UNO CHICARO	GO GRILL			
ADDRESS 25 MAJOR TAYLOR BLVI	)			
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: BLACK, DORIAN TY	PE OF LICENSE: Innl	nolder Ca	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMI	ISES:			
MAIN ENTR. AT CORNER OF MAJO: TABLE AND BAR SEATING CAPACI WITH 6 MEETING ROOMS AND 2 CO SERVICE RESTAURANT. OUTDOOR	TY OF APPROX. 200 ONFERENCE ROOM	AND 8 STORY 19	99 ROOM HOTEL	
I hereby certify and swear under penaltie				
1. the renewed license will be of		same premises now	licensed;	
2. the licensee has complied wit	· =	_		
3. the premises are now open fo	r business (If not expla	in below)		
SIGNED BY: Individual, Partne	r or Authorized Corpo	rate Officer		
	r or Authorized Corpo	rate Officer		
Individual, Partne	r or Authorized Corpo			
Individual, Partne	r or Authorized Corpo	EMPLOYER	R IDENTIFICATION NUMBER: ividual Social Security Number)	
Individual, Partne	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: <u>NOT</u> Inc. e certificate require of the fire departs	ed by Chapter 304 of the ment for the above named	
Individual, Partne  DATE: TELEPHOI  We the undersigned, attest that we ar  Acts of 2004, signed by the building in	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Inc.) c certificate require of the fire departe	ed by Chapter 304 of the ment for the above named	]
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we ar Acts of 2004, signed by the building ir license and (2) the certificate of liquor Please Check Below:  APPROVED:	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Inc.) c certificate require of the fire departe	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.	
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we ar Acts of 2004, signed by the building ir license and (2) the certificate of liquor Please Check Below:  APPROVED:  DISAPPROVED:	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Inc.) c certificate require of the fire departe equired by Chapte LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.	]
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we ar Acts of 2004, signed by the building ir license and (2) the certificate of liquor Please Check Below:  APPROVED:	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Inc.) c certificate require of the fire departe equired by Chapte LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.	1
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we ar Acts of 2004, signed by the building ir license and (2) the certificate of liquor Please Check Below:  APPROVED:  DISAPPROVED:	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Inc.) c certificate require of the fire departe equired by Chapte LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.	1



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800467		CITY OR TOWN	WURCES	IEK
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: THE SAKHAT I	BROTHERS INC.			
DOING BUSINESS	S A SHUSHI BY K	ENZO			
ADDRESS 258 PA	RK AVENUE				
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE:	01608	
	KHAT, T ORGE N.	YPE OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:	-			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:			
SIT DOWN REST.	& LOUNGE TWO	ENTRANCES AND C	ONE EXIT IN REA	R.	
I hereby certify and	swear under penalti	es of perjury that:			
		of the same type for the	-		
2. the licens	see has complied wi	ith all laws of the Comr	nonwealth relating	to taxes; and	
3. the prem	ises are now open for	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:			ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigne	ed. attest that we a	re in possession (1) th	e certificate requir	ed by Chapt	er 304 of the
Acts of 2004, signe	ed by the building i	inspector and the head	l of the fire depart	ment for the	above named
license and (2) the	certificate of liquo	or liability insurance r	equired by Chapto	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	laın)				
DATE.					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	<b>C</b> : 150800468		CITY OR TOWN W	ORCESTER
APPLICATION FOR	R RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 344 CHA				
CITY/TOWN: WO		STATE: MA	ZID CODE.	1608
MANAGER: ROV L.	EZZI, JOSEPH TYPE	OF LICENSE: Gen pren		EGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSI		AIL ADDRESS	
	LICENSED PREMISES		T OUTSIDE DATIO	
_	E STORY BUILDING swear under penalties of		1 -OUTSIDE PATIO	
•	red license will be of the	1 5 5	same premises now lice	enced:
	ee has complied with all	• •	•	
	ses are now open for bu		•	ios, una
	1		,	
SIGNED BY:				
	Individual, Partner or	Authorized Corpor	rate Officer	
DATE:	TELEPHONE I	NUMBER:		ENTIFICATION NUMBER:
			(Note: NOT Individual)	ual Social Security Number)
Acts of 2004, signed	d, attest that we are in d by the building inspe certificate of liquor lia	ctor and the head	of the fire departmen	t for the above named
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-:-)			
(If disapproved expla	din)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800469		CITY OR TOWN	WORCEST	ΓER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: Tavco Main Street,	Inc			
DOING BUSINESS A				
ADDRESS 1168 MAIN ST				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: Ponnala, Jyothipriya TYF	PE OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMIS				
PIZZA REST. 58 SEATS MAIN AND R		AP ACCESIBLE FU	JLLY	
I hereby certify and swear under penalties				
1. the renewed license will be of	• •	•		
2. the licensee has complied with		_	taxes; and	
3. the premises are now open for	business (If not expla	in below)		
SIGNED BY:				
Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHON	E NUMBER:			TION NUMBER:
	(Note: NOT Individual Social		ividual Social S	ecurity Number)
We the undersigned, attest that we are	in possession (1) the	certificate require	ed by Chapt	er 304 of the
Acts of 2004, signed by the building ins	spector and the head	of the fire departm	nent for the	above named
license and (2) the certificate of liquor	liability insurance re	equired by Chapter	116 of the .	Acts of 2010.
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				
		<u> </u>		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	50800470		CITY OR TOWN	WORCESTER
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: N	I & S ENTERTAII	NMENT,INC.		
DOING BUSINESS A				
ADDRESS M 336 MAI	N ST			
CITY/TOWN: WORC	ESTER	STATE: MA	ZIP CODE:	01608
MANAGER: Mohan,	Prashad TYP	E OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS	<u></u>
DESCRIPTION OF LIC	CENSED PREMIS	ES:		
I hereby certify and swe	ar under penalties	of perjury that:		
1. the renewed	license will be of the	ne same type for th	e same premises now	licensed;
2. the licensee l	nas complied with a	all laws of the Con	nmonwealth relating to	taxes; and
3. the premises	are now open for b	ousiness (If not exp	olain below)	
SIGNED BY:				
Ii	ndividual, Partner o	or Authorized Corp	oorate Officer	
DATE:	TELEPHONE	E MITIMBED.	EMPLOYER	IDENTIFICATION NUMBER:
	TELEFTIONI	NOMBER.		ividual Social Security Number)
				ed by Chapter 304 of the
				nent for the above named r 116 of the Acts of 2010.
	•	•		
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain)				
· ,				
DATE:				
APPLICATION FOR RENEWAL	MUST BE FILED BY LIC	CENSEES DURING THE	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 150800473		CITY OR TOWN	WORCEST	ER
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	)13 YEAR
	THIEN ANH LLC A KYOTO JAPANE	SE			
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: NGU Q.	JYEN, PETER TYPI	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DEGCDIDATON OF	PLEASE ALSO VISIT OUR WEE		IAIL ADDRESS		
THERE ARE 2 ENT	LICENSED PREMISI FRANCES/EXITS.ON AY WHICH ULTIMA	E IS FACING LIN			
	ises are now open for b	ousiness (If not expla	in below)	o taxes; and	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are i d by the building insp certificate of liquor li	ector and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.)	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NU	MBER: 150800474		CITY OR TOWN	WORCESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: WORCESTER	RESTAURANT COR	PORATION	
DOING BUSI	NESS A			
ADDRESS 89	SHREWSBURY STR	EET		
CITY/TOWN:	: WORCESTER	STATE: MA	ZIP CODE:	01608
MANAGER:	ROBBIN B. AHLQUIST	TYPE OF LICENSE:F	Restaurant C	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
BASEMENT	IT TO OCCUPY 1ST F SPACE FOR STORAG THE BACK OF THE I	E AND REFRIGERA		
I hereby certify	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	he same premises nov	v licensed;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating	to taxes; and
3. the	premises are now open	for business (If not ex	plain below)	
SIGNED BY:		tner or Authorized Cor	porate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYE	ER IDENTIFICATION NUMBER:
	1221		(Note: NOT In	ndividual Social Security Number)
Acts of 2004,	signed by the building	g inspector and the he	ad of the fire depar	red by Chapter 304 of the tment for the above named er 116 of the Acts of 2010.
	_	uoi nabinty insurance		
Please Check Bell APPROVED:				SING AUTHORITY
DISAPPROVI			By:	
(If disapproved				
DATE:				



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LICENSE NUI	MBER: 150800475		CITY OR TOWN	WORCESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: RED COAT MA	ANAGEMENT INC		
DOING BUSI	NESS A FUSION			
ADDRESS 10	7 A WATER STREET			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01608
MANAGER:	ARAKELIAN, TROBERT A	ΓΥΡΕ OF LICENSE: Ge pr	eneral on C emise	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PRE			
3,000 SQ. FT. STREET	WITH ENTRANCES O	ON WATER STREET	AND REAR EXIT T	O HARRISON
I hereby certify	y and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for th	e same premises now	/ licensed;
2. the	licensee has complied w	with all laws of the Com	monwealth relating	to taxes; and
3. the	premises are now open	for business (If not exp	lain below)	
SIGNED BY:				
	Individual, Part	mer or Authorized Corp	oorate Officer	
DATE:				
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			, <u></u>	arrama social socially rightsoci
				red by Chapter 304 of the
				ment for the above named er 116 of the Acts of 2010.
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	,
DISAPPROVE				
(If disapproved	l explain)		-	
			-	
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED E	BY LICENSEES DURING THE !	MONTH OF NOVEMBER (M	M.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 150800477		CITY OR TOWN W	ORCESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: BROOKS STR	EET REALTY LLC		
DOING BUSI	NESS A SHOWCASE	CINEMAS WORCESTI	ER NORTH	
ADDRESS 13	5 BROOKS STREET			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 01	608
MANAGER:	MACDONALD, JOHN	TYPE OF LICENSE: Res	staurant CATE	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
<b>AUDITORIUN</b>	MS, RESTROOMS & O Y. EMERGENCY EXI	MA COMPLEX CONSI CONCESSION AREA. M TS LOCATED AT END	IAIN ENTRANCE IS W	ING IS OFF TO
I hereby certify	and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	same premises now lice	nsed;
2. the	licensee has complied	with all laws of the Comm	nonwealth relating to tax	es; and
3. the	premises are now open	for business (If not expla	nin below)	
SIGNED BY:		tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Acts of 2004,	signed by the building	are in possession (1) the g inspector and the head uor liability insurance r	l of the fire department	for the above named
Please Check Belo			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(ii uisapprovec	ı expiaiii)			
DATE:			-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 150800478		CITY OR TOWN	WORCEST	ER
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME	E: ALLGOS SWEE	ETS & DRINKS INC.			
DOING BUSINESS	S A				
ADDRESS 53 SHR	REWSBURY STREE	ET			
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: PAI	IVA, NAAT T	YPE OF LICENSE:R	destaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		•
DESCRIPTION OF	F LICENSED PREM	IISES:			
1185 SQ. FT. SPAC	CE ON WEST SIDE	E OF BUILING			
I hereby certify and	l swear under penalti	es of perjury that:			
1. the rene	wed license will be	of the same type for the	ne same premises now	licensed;	
2. the licen	see has complied wi	ith all laws of the Cor	nmonwealth relating to	o taxes; and	
3. the prem	nises are now open for	or business (If not exp	plain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	lividual Social Se	ecurity Number)
We the undersign	and attact that we a	re in necession (1) t	the certificate require	ad by Chante	or 301 of the
			ad of the fire depart		
license and (2) the	e certificate of liquo	or liability insurance	required by Chapte	r 116 of the <i>A</i>	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)		-		
			-		
DATE:					
D.11D.					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15080	0479	CITY OR TOWN	WORCESTER
APPLICATION FOR RENE	EWAL: Ann	ual LICEN	ISED FOR 2013
	CLA	SS	YEAR
LICENSEE NAME: TEXA	AS ROADHOUSE HOLDI	NGS LLC	
DOING BUSINESS A TEX	AS ROADHOUSE		
ADDRESS 535 LINCOLN	STREET (LINCOLN PLA	ZA)	
CITY/TOWN: WORCEST	ER STATE:	MA ZIP CODE:	01608
MANAGER: NEVEUX, D PAUL	OAVID TYPE OF LICEN	ISE: Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTE	R YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENS			
FAMILY STYLE RESTAU INCLUDES BOOTHS AND		VICE KITCHEN, DINING	& BAR AREAS
3. the premises are s	omplied with all laws of the now open for business (If r		to taxes; and
DATE:	TELEPHONE NUMBER		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attes Acts of 2004, signed by the license and (2) the certifica	building inspector and t	he head of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800481		CITY OR TOWN	WORCESTER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LISA J TISCIONE-RO	DRIGUEZ		
DOING BUSINESS A	BLACKSTONE PIZZ	ZA & GRILL		
ADDRESS 102 GREE	N ST			
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE:	01608
MANAGER: RODR J TISC	IGUEZ-LISA TYPE C IONE	OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES:			
1400 SQ FT, FRONT BAR, OUTDOOR SID		D REAR EXIT (	ON POND ST ADD	ITION OF 24 FT
SIGNED BY:	s are now open for busing statements of A			
DATE:	TELEPHONE N	UMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	by the building inspec	tor and the head	l of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:	7		By:	
DISAPPROVED: (If disapproved explain				
(ii disupproved explain	<del>·</del> /			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 150800483		CITY OR TOWN	WORCEST	ER
APPLICATION F	OR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAM	E: NORTON REST	CAURANT GROUP II	NC.		
DOING BUSINES	SS A WILD WILLY	'S BURGERS			
ADDRESS 317 W	EST BOYLSTON S	T			
CITY/TOWN: W	ORCESTER	STATE: MA	ZIP CODE:	01608	
	ORTON, T NDREW	YPE OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION C	F LICENSED PREM	IISES:			
I hereby certify an	d swear under penalt	les of perjury that:			
		of the same type for th	•		
	-	ith all laws of the Con	•	taxes; and	
3. the pres	mises are now open f	for business (If not exp	olain below)		
SIGNED BY:	Individual, Partr	ner or Authorized Corp	porate Officer		
DATE:	TELEDIA	ONE NUMBED.	EMPI OYER	IDENTIFICAT	ION NUMBER:
21121	TELEPHO	ONE NUMBER:	(Note: NOT Ind		
Acts of 2004, sign	ned by the building	are in possession (1) t inspector and the hea or liability insurance	ad of the fire departn	nent for the	above named
Please Check Below:	_		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex	nlain)				
(II disappioved ex	piaiii)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800484		C	ITY OR TOWN	WORCEST	ER
APPLICATION FO	R RENEWAL:	Annu	ıal	LICEN	ISED FOR 20	)13
		CLA	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 70 WIN	A	PRODUCTIONS	S & ENTE	RTAINMENT I	LLC	
CITY/TOWN: WO		STATE:	MA	ZIP CODE:	01608	
MANAGER: ABC	OODY, PAUL T	ΓΥΡΕ OF LICEN	SE:Restau		ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAII	L ADDRESS		
DESCRIPTION OF	LICENSED PREI	MISES:				
2. the licens	yed license will be see has complied w ses are now open Individual, Part	vith all laws of the	e Commor ot explain	nwealth relating below)		
DATE						
DATE:	TELEPH	ONE NUMBER:			R IDENTIFICAT dividual Social S	
We the undersigne Acts of 2004, signed license and (2) the	d by the building	inspector and tl	he head of	f the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)			LOCAL LICEN By:	SING AUTHO	ORITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800485		CI	TY OR TOW	N WORCEST	TER
APPLICATION FOR	RENEWAL:	Annu	al	LICI	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 91 STAFF	Λ					
CITY/TOWN: WOR	CESTER	STATE:	MA	ZIP CODE:	01608	
MANAGER: LAM,	ANH TYPE	OF LICEN	SE:Genera premis		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF L	ICENSED PREMISE	S:				
ONE SECTION OF A EXIT	BUILDING AT 91 S	TAFFORD	STREET,	FRONT ENT	TRANCE, BAC	K DOOR
2. the license	d license will be of the has complied with all es are now open for bu	l laws of the	Common	wealth relatin		
DATE:	TELEPHONE	NUMBER:			YER IDENTIFICAT	
Acts of 2004, signed	, attest that we are in by the building inspe ertificate of liquor lia	ector and th	e head of	the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:			-			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800487		CITY OR TOWN	WORCEST	ER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: BOTREES ENT	ERPRISES			
DOING BUSINESS A VALU GAS				
ADDRESS 1255 MILLBURY STREE	T			
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: KHALIFE, TONY T	YPE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		-
DESCRIPTION OF LICENSED PREM	MISES:			
PREMISES IS LOCATED AT CORNI ENTRANCE/EXIT FROM BOTH STI			STREET WI	TH
2. the licensee has complied w     3. the premises are now open f  SIGNED BY:  Individual, Parti		in below)	taxes; and	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	50800489		CITY OR TO	WN WORCEST	ΓER
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: V DOING BUSINESS A ADDRESS 2,4,6,16 So		Performing Art	s, Inc		
CITY/TOWN: WORC	CESTER	STATE: M	A ZIP CODI	E: 01608	
MANAGER: Diebels	, Tony TYPE	OF LICENSE:	General on premise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	ASE ALSO VISIT OUR WEBSI		R EMAIL ADDRESS		
DESCRIPTION OF LIC theater lobby, mezzanin burnside court, one exit	e, balcony and orche	stra area with t		outhbridge st, one	e exit on
2. the licensee 3. the premises SIGNED BY:	license will be of the has complied with all are now open for bu  ndividual, Partner or	laws of the Co	mmonwealth relat		
DATE:	TELEPHONE I	NUMBER:		OYER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building inspe	ctor and the h	ead of the fire de	partment for the	above named
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)			LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 150800491		CITY OR TO	IWN WORCES	IEK
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	: SALTY DOG SAI	LOON			
DOING BUSINESS	S A SALTY DOG SA	ALOON			
ADDRESS 1 KELL	EY SQUARE				
CITY/TOWN: WC	ORCESTER	STATE: MA	ZIP COD	E: 01608	
	EHRLE, TY CHAEL	PE OF LICENSE: Ger pre	neral on mise	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
	LICENSED PREMI				
_		WITH THREE EXITS	S AS SHOWN		
	swear under penaltie	1 5 6			
		the same type for the	•		
2. the licens	see has complied with	h all laws of the Comr	nonwealth rela	ting to taxes; and	
3. the prem	ises are now open for	r business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA	
			(Note: NC	DT Individual Social	Security Number)
We the undersigne	ed, attest that we are	e in possession (1) the	e certificate re	equired by Chap	ter 304 of the
Acts of 2004, signe	ed by the building in	spector and the head	l of the fire de	partment for the	e above named
license and (2) the	certificate of liquor	liability insurance r	equired by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	iain)				
DATE:					
D.111L.					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 150800492		CITY OR TOW	N WORCEST	ΓER
APPLICATIO	N FOR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: WORCESTER POI	LYTECHNIC INS	TITUTE/CAMPU	S CENTER	
DOING BUSI	NESS A				
ADDRESS 10	0 INSTITUTE ROAD				
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE	01608	
MANAGER:	MCLAUGHLIN,JA TYP MES		General on oremise	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PREMIS	SES:			
CAMPUS CEI					
-	y and swear under penalties				
	renewed license will be of t	• •	•		
	licensee has complied with			ng to taxes; and	
3. the	premises are now open for	business (If not ex	plain below)		
SIGNED BY:		A	······································		
	Individual, Partner	or Authorized Col	rporate Officer		
DATE.					
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT Individual Social S	
			(110te. <u>1101</u>	individual Social S	security Number)
	rsigned, attest that we are				
	signed by the building ins 2) the certificate of liquor l				
Please Check Belo	ow:		LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
			-		
DATE:					
DATE:					



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LICENSE NUMBER	R: 150800493		CITY OR TOWN	WORCEST	TER
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	Hopduvel Enterprise	es, Inc			
DOING BUSINESS	A The Armsby Abbe	y			
ADDRESS 144 Mai	n St				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: Sado	wski, Sherri M TYP.		General on Capremise	ATEGORY:	All Alcohol
EMAIL ADDRESS:		_			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
approx 1700 sq ft wi Outdoor sidewalk ca		ances and exits to	lobby of bldg which ha	as three mark	ed exits
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ed license will be of the	he same type for t	he same premises now	licensed;	
	=		mmonwealth relating to	o taxes; and	
3. the premi	ses are now open for b	ousiness (If not ex	plain below)		
SIGNED BY:	Indiaideal Dage	an Andhaninad Car	one and a Office and		
	Individual, Partner	of Authorized Col	rporate Officer		
DATE:			EMBLOVEI		EION NIIMBER
DATE.	TELEPHONE	E NUMBER:	(Note: NOT Ind		TON NUMBER: ecurity Number)
			`		
			the certificate require		
			ead of the fire departi e required by Chapte		
Please Check Below:	•	·			
APPROVED:			LOCAL LICENS By:	ING AUTHO	JRII I
DISAPPROVED:			Dy.		
(If disapproved explain	ain)				
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED BY LIC	CENSEES DURING THE	E MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER	R: 150800494		CITY OR TOWN	WORCEST	ER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	CHIT CORPORATI	ON			
DOING BUSINESS	A KAI SUSHI BAR	& GRILL			
ADDRESS 68 STAI	FFORD STREET				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: TRA	N, CINDY TYPI	E OF LICENSE: G	eneral on Caremise	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISI				
	SSTER SQUARE PLA ONE FRONT ENTRAI			USAND SQU	ARE
I hereby certify and s	swear under penalties o	of perjury that:			
	ved license will be of the	• •	<u>=</u>		
	ee has complied with a		•	o taxes; and	
3. the premi	ses are now open for b	usiness (If not exp	olain below)		
SIGNED BY:	Individual Doutnous	m Authorized Com	namata Officiam		
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEDITORIE	NUMBER	EMDI OVEI	R IDENTIFICAT	ION NUMBED
21121	TELEPHONE	NUMBER:	(Note: NOT Ind		
					•
	d, attest that we are i d by the building insp				
	certificate of liquor li				
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:	,11,0110111	
DISAPPROVED:			•		
(If disapproved explain	ain)				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY LIC	ENSEES DURING THE	MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16	A)



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LICENSE NUMBI	2K: 150800496		CITY OR TOWN	WORCESTER
APPLICATION FO	OR RENEWAL	: Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINES		ERT FIRST, INCORPORAT	ΓED	
ADDRESS 305 SH	HREWSBURY :	STREET		
CITY/TOWN: W	ORCESTER	STATE: MA	ZIP CODE:	01608
MANAGER: EIS	SENHAUER, INA	TYPE OF LICENSE: Res	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS		IT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION O	F LICENSED F	PREMISES:		
NORTHERN AND ACCOMODATION	SOUTHERN INS FOR HAND	IT WITH TWO MEANS OF ENDS OF THE BUILDING DICAP ENTRANCETHE A RETAIL BAKE SALE AR	THE NORTHERN INTERIOR OF TH	N SIDE WITH IE UNIT WILL BE
I hereby certify and	d swear under p	enalties of perjury that:		
2. the licer	nsee has compli	l be of the same type for the ed with all laws of the Comr pen for business (If not expla	nonwealth relating	
SIGNED BY:	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELF	EPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, sign	ed by the build	we are in possession (1) the ling inspector and the head liquor liability insurance r	l of the fire depart	ment for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	Dlain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 150800498		CITY OR TOWN WORCE	SIEK
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	E: CAFÉ NEO INC			
DOING BUSINES	S A CAFÉ D'PRP			
ADDRESS 64 WA	ATER STREET			
CITY/TOWN: W	ORCESTER	STATE: MA	ZIP CODE: 01608	
MANAGER: NA M.	ARROW, TRENT TYPI	E OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EM.	AIL ADDRESS	
	F LICENSED PREMIS			
	BOOTHES, KITCHEN		T , ONE EXIT ON BACKK I AVLE SEATING, WALK IN (	
I hereby certify and	d swear under penalties of	of perjury that:		
		• •	same premises now licensed;	
	•		onwealth relating to taxes; and	d
3. the pren	nises are now open for b	ousiness (If not explain	in below)	
SIGNED BY:	Individual, Partner o	or Authorized Corpor	rate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	l Security Number)
Acts of 2004, sign	ed by the building insp	pector and the head	certificate required by Chap of the fire department for the quired by Chapter 116 of th	ne above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	alain)			
(11 disappioved exp	Jamij			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	50800501		CITY OR TOWN WORCE	SIEK
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: E	EVO DINING LLC			
DOING BUSINESS A	EVO			
ADDRESS 232 CHANI	DLER STREET			
CITY/TOWN: WORC	ESTER	STATE: MA	ZIP CODE: 01608	
MANAGER: MAYKI	EL,CELESTETYPE	OF LICENSE: Res	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMISE	ES:		
			T FLOOR,OFFICE ON SECO RGENCY USE.TWO STORY	
I hereby certify and swe	ar under penalties o	f perjury that:		
1. the renewed	license will be of th	e same type for the	same premises now licensed;	
2. the licensee l	has complied with a	ll laws of the Comr	monwealth relating to taxes; an	d
3. the premises	are now open for bu	usiness (If not expl	ain below)	
SIGNED BY:				
I	ndividual, Partner o	r Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Social	al Security Number)
We the undersigned s	attest that we are in	n naggaggian (1) th	e certificate required by Cha	nton 201 of the
			d of the fire department for t	
license and (2) the cer	tificate of liquor lia	ability insurance r	required by Chapter 116 of th	ne Acts of 2010.
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)	)		·	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800504		CITY OF	R TOWN	WORCEST	TER
APPLICATION FOR	RENEWAL:	Annua	1	LICEN	SED FOR 20	)13
		CLAS	S			YEAR
LICENSEE NAME:	1 EXCHANGE PI	LACE INC.				
DOING BUSINESS A	MICHAEL'S CIO	GAR BAR				
ADDRESS 1 EXCHA	NGE PLACE					
CITY/TOWN: WOR	CESTER	STATE:	MA ZIP (	CODE:	01608	
MANAGER: ESPEI	RTI, MARK TY	PE OF LICENS	E:General on premise	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF L  1 EXCHANGE PLAC  I hereby certify and sw  1. the renewed  2. the licensee	CE	SES: s of perjury that: the same type for all laws of the r business (If not	or the same prer Commonwealth explain below)	mises now relating to		
DATE:  We the undersigned, Acts of 2004, signed	, attest that we are		(Not	e: <u>NOT</u> Ind	ividual Social S	
license and (2) the co	ertificate of liquor	liability insura	nce required b	y Chapte	r 116 of the	Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAI By:	L LICENS	ING AUTHO	ORITY
DATE:						



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LICENSE NUMBER	X: 150800509		CITY OR TOWN WORK	ESTER
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NAME:	T-BONE LLC			
DOING BUSINESS	A STAKE'S SPORT	ΓS PUB		
ADDRESS 1281 PL	EASANT STREET			
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE: 01608	
MANAGER: STA	KE,ROBERT F. TY	PE OF LICENSE: Gen prer		RY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
GROUND FLOOR (REAR OF BUILDIN		BUILDING ENTRAN	NCE ON PLEASANT STRE	ET EXIT TO
I hereby certify and	swear under penalties	s of perjury that:		
1. the renew	ed license will be of	the same type for the	same premises now licensed	•
2. the licens	see has complied with	all laws of the Comm	nonwealth relating to taxes; a	and
3. the premi	ises are now open for	business (If not expla	in below)	
SIGNED BY:				
	Individual, Partner	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIF	
			(Note: <u>NOT</u> Individual Soc	cial Security Number)
Acts of 2004, signe	d by the building in	spector and the head	e certificate required by Ch of the fire department for equired by Chapter 116 of	the above named
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
				<u> </u>
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY I	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800512	CITY OR TOWN WORCESTER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: MAXWELL SILVERMAN'S BANQU AT	JET &CONFERENCE CENTER
DOING BUSINESS A LUCIANO'S COTTON CLUB	
ADDRESS 25 UNION STREET	
CITY/TOWN: WORCESTER STATE: MA	ZIP CODE: 01608
MANAGER: GIORDANO, ANTH TYPE OF LICENSE: ROONY	estaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES: NO DESCRIPTION	
the renewed license will be of the same type for th     the licensee has complied with all laws of the Com     the premises are now open for business (If not exp  SIGNED BY:  Individual, Partner or Authorized Corp	nmonwealth relating to taxes; and blain below)
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance	ad of the fire department for the above named
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved explain)	
DATE:	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800513		CITY OR TO	JWN WOR	CESTER
APPLICATION FO	R RENEWAL:	Annual	I	ICENSED FO	OR 2013
		CLASS			YEAR
LICENSEE NAME	: BOCADO INC				
DOING BUSINESS	S A THE CITIZE	N WINE & CHEESE			
ADDRESS 1 EXC	HANGE PLACE				
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP COI	DE: 0160	08
MANAGER: GRI	EEN, DAVID	TYPE OF LICENSE:	lestaurant	CATEGO	ORY: All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	EMISES:			
OUTDOOR COVE	RED PATIOFIR	ST AND SECOND FL	.OOR		
I hereby certify and	swear under pena	lties of perjury that:			
1. the renev	wed license will be	e of the same type for the	ne same premise	es now license	ed;
2. the licen	see has complied	with all laws of the Cor	nmonwealth rel	ating to taxes;	; and
3. the prem	ises are now open	for business (If not ex	plain below)		
SIGNED BY:					
2101(22 21)	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TEI EDU	IONE NUMBER:	EMF	LOYER IDENT	IFICATION NUMBER:
	IELEPH	IONE NUMBER:			Social Security Number)
		are in possession (1)			
		g inspector and the he uor liability insurance			
	our arrange or and		-	_	
Please Check Below: APPROVED:	1			CENSING A	UTHORITY
DISAPPROVED:	ı 		By:		
(If disapproved exp	Lain)				
ursupproved onp.					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 150800515		CITY OR TOV	VN WORCEST	EK
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	DIANNE LOU	IS			
DOING BUSINESS	A MIRAGE EX	PRESS			
ADDRESS 375 AIR	RPORT DRIVE				
CITY/TOWN: WC	ORCESTER	STATE: MA	ZIP CODE	: 01608	
MANAGER: LOU	JIS,DIANNE	ГҮРЕ OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRE	MISES:			
ALCOVE ON GRO LEVEL	UND LEVEL OF	AIRPORT TERMINAL	_,SECOND ARE	A ON DEPART	URE
I hereby certify and	swear under penal	ties of perjury that:			
1. the renew	ved license will be	of the same type for the	same premises i	now licensed;	
2. the licens	see has complied v	with all laws of the Com	monwealth relati	ng to taxes; and	
3. the premi	ises are now open	for business (If not expl	ain below)		
SIGNED BY:					
	Individual, Part	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
We the undersione	d attact that wa	ous in magazzion (1) th	o contificate noc	uined by Chent	om 204 of the
		are in possession (1) the inspector and the head			
license and (2) the	certificate of liqu	or liability insurance i	required by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICI	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)		-		
D 4 mg					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 150800516		CITY OR TOWN	WORCEST	ER
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME	E: RICO INC.				
DOING BUSINES	S A BEATNIK	S			
ADDRESS 433 PA	ARK AVENUE				
CITY/TOWN: W	ORCESTER	STATE: MA	ZIP CODE:	01608	
	OUILETTE, COLE	TYPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	F LICENSED PI	REMISES:			
I hereby certify and	l swear under pe	nalties of perjury that:			
1. the rene	wed license will	be of the same type for the	same premises now	licensed;	
2. the licer	nsee has complie	d with all laws of the Comn	nonwealth relating to	taxes; and	
3. the pren	nises are now op	en for business (If not expla	in below)		
SIGNED BY:					
SIGNED D1.	Individual, F	Partner or Authorized Corpo	rate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:
	T BBB.		(Note: NOT Ind	ividual Social Se	ecurity Number)
		we are in possession (1) the ing inspector and the head			
license and (2) the	e certificate of l	iquor liability insurance r	equired by Chapter	r 116 of the A	Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE.					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	150800517		CITY OR TOWN	WORCEST	ER
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 7	Γ.S.J.K. CORPORATIO	N			
DOING BUSINESS A	GRILL ON THE HILL	,			
ADDRESS 2 MARSH	AVENUE				
CITY/TOWN: WORC	CESTER S	TATE: MA	ZIP CODE:	01608	
MANAGER: FOTIA SAVVA	· · · · · · · · · · · · · · · · · · ·	F LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LI					
GOLFER'S LOUNGE A SNACK SHACK ON T	AREA, OUTDOOR DE THE COURSE AND TH			THE CLUBI	HOUSE,
2. the licensee 3. the premises SIGNED BY:	license will be of the sa has complied with all la s are now open for busin andividual, Partner or An	ews of the Comress (If not explain	nonwealth relating to		
DATE:	TELEPHONE NU	MBER:	EMPLOYEI (Note: <u>NOT</u> Inc		ION NUMBER: ecurity Number)
Acts of 2004, signed b	attest that we are in po by the building inspector tificate of liquor liabil	or and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	1		By:		
DISAPPROVED: (If disapproved explain	)				
DATE:					



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LICENSE NU.	MBER: 150800520		CITY OR TOWN WORCES	STER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: ARVILLE L	LC		
DOING BUSI	NESS A HOME ST	YLE CUISINE		
ADDRESS 33	CANTERBURY ST	REET		
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE: 01608	
MANAGER:	ALEXZENIA, DENNIS	TYPE OF LICENSE:R	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
-	N OF LICENSED P			
			WO STORY BUILDING, ACCE ACCESS AND EGRESSAT RE	
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for th	ne same premises now licensed;	
			nmonwealth relating to taxes; and	1
3. the	premises are now op-	en for business (If not exp	olain below)	
SIGNED BY:				
	Individual, P	Partner or Authorized Cor	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: <u>NOT</u> Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the he	he certificate required by Chap ad of the fire department for th required by Chapter 116 of the	e above named
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disappioved	· Capiani)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800523		CITY OR TOWN	WORCESTER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: GREGORY & JOHN	TRAVAGLIN		
DOING BUSINESS A			
ADDRESS 274 FRANKLIN STREET			
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608
MANAGER: TRAVAGLIN, JOHNTYPE	OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	<b>S</b> :		
NO DESCRIPTION GIVEN			
<ol> <li>I hereby certify and swear under penalties of</li> <li>the renewed license will be of the</li> <li>the licensee has complied with all</li> <li>the premises are now open for but</li> </ol>	same type for the s laws of the Comme	onwealth relating to	
SIGNED BY: Individual, Partner or	Authorized Corpor	rate Officer	
DATE: TELEPHONE I	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor liab	ctor and the head	of the fire departn	nent for the above named
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disappioved explain)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15	J800525	CITY OR TOWN W	ORCESTER
APPLICATION FOR RE	ENEWAL: Annual	LICENSEI	O FOR 2013
	CLASS	S	YEAR
LICENSEE NAME: PL	AZA AZTECA LINCOLN PLA	ZA LLC	
DOING BUSINESS A P	LAZA AZTECA MEXICAN RI	ESTAURANT	
ADDRESS 539 LINCOL	N STREET		
CITY/TOWN: WORCE	STER STATE:	MA ZIP CODE: 0	1608
MANAGER: GILL, DA	AVID TYPE OF LICENSI	E:Innholder CATI	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEAS	SE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICE	ENSED PREMISES:		
539 LINCOLN STREET			
I hereby certify and swear	r under penalties of perjury that:		
1. the renewed li	cense will be of the same type for	or the same premises now lice	ensed;
2. the licensee ha	as complied with all laws of the G	Commonwealth relating to ta	xes; and
3. the premises a	re now open for business (If not	explain below)	
SIGNED BY:			
Inc	dividual, Partner or Authorized (	Corporate Officer	
DATE:	TELEPHONE NUMBER:		ENTIFICATION NUMBER:
		(Note: NOT Individ	ual Social Security Number)
We the undersigned, at	test that we are in possession (	1) the certificate required l	ov Chanter 304 of the
Acts of 2004, signed by	the building inspector and the	head of the fire departmen	nt for the above named
license and (2) the certi	ficate of liquor liability insura	nce required by Chapter 11	16 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING	G AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE.			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800526	CITY OR TOWN WORCESTER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: CHAO LEE FAMILY CORPORATION	1
DOING BUSINESS A MAI TAI	
ADDRESS 69-71 GREEN STREET	
CITY/TOWN: WORCESTER STATE: MA	ZIP CODE: 01608
MANAGER: LEE, THOMAS K. TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR-RIGHT UNIT OF BUILDING AT 69-71 GRI WITH TWO ENTRANCES/EXIT ONE TO GREN STREET LOT	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	_
2. the licensee has complied with all laws of the Com	•
3. the premises are now open for business (If not expl	ain below)
SIGNED BY: Individual, Partner or Authorized Corpo	orate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(NI-t-: NOT I II I I I I I I I I I I I I I I I I
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) th Acts of 2004, signed by the building inspector and the head license and (2) the certificate of liquor liability insurance r	e certificate required by Chapter 304 of the d of the fire department for the above named
Acts of 2004, signed by the building inspector and the head license and (2) the certificate of liquor liability insurance replease Check Below:	e certificate required by Chapter 304 of the d of the fire department for the above named
Acts of 2004, signed by the building inspector and the head license and (2) the certificate of liquor liability insurance replease Check Below:  APPROVED:	e certificate required by Chapter 304 of the d of the fire department for the above named required by Chapter 116 of the Acts of 2010.
Acts of 2004, signed by the building inspector and the head license and (2) the certificate of liquor liability insurance replease Check Below:  APPROVED:  DISAPPROVED:	e certificate required by Chapter 304 of the d of the fire department for the above named required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building inspector and the head license and (2) the certificate of liquor liability insurance replease Check Below:  APPROVED:	e certificate required by Chapter 304 of the d of the fire department for the above named required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
Acts of 2004, signed by the building inspector and the head license and (2) the certificate of liquor liability insurance replease Check Below:  APPROVED:  DISAPPROVED:	e certificate required by Chapter 304 of the d of the fire department for the above named required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 150800529		CI	TY OR TO	WN	WORCEST	ΓER
APPLICATION FO	R RENEWAL:	Annu	al	LICENSED FOR 2013			013
		CLAS	SS				YEAR
LICENSEE NAME:	PERFECT GAME	ENTERTAIN	MENT, L	LC			
DOING BUSINESS	A PERFECT GAM	ΙE					
ADDRESS 64 WAT	TER ST						
CITY/TOWN: WO	RCESTER	STATE:	MA	ZIP CODI	Ξ:	01608	
	FAYYAD, TY HAMMAD	PE OF LICEN	SE:Genera premis		CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS			_
DESCRIPTION OF							
FIRST FLOOR CON LOUNGE WITH SI			OM HAS	BAR, SEC	OND	ROOM HA	.S
I hereby certify and	swear under penaltie	s of perjury tha	t:				
	ved license will be of	• •		-			
	see has complied with				ing to	taxes; and	
3. the premi	ises are now open for	r business (If no	ot explain	below)			
CICNED DV.							
SIGNED BY:	Individual, Partne	r or Authorized	Corporate	e Officer			
DATE:	TELEPHON	NE NUMBER:		EMPL	OYER	IDENTIFICAT	TION NUMBER:
	TEEEI IIO	AL IVENIBLIA.		(Note: NO	T Indi	ividual Social S	ecurity Number)
*** 41 1 .	1 44 441 4		(4) (1	4.6.		11 61 4	204 64
	d by the building in	spector and th	e head of	the fire de	partn	nent for the	above named
license and (2) the	certificate of liquor	· liability insur	ance requ	iired by Ch	apter	r 116 of the	Acts of 2010.
Please Check Below:			I	LOCAL LIC	ENS!	ING AUTH	ORITY
APPROVED: DISAPPROVED:			I	Зу:			
(If disapproved expl	ain)						
· · · · · · · · · · · · · · · · · · ·	·· <i>,</i>						
DATE:							



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	.50800531		CITY OR TOWN	WORCES	TER
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:		S, INC			
DOING BUSINESS A	ZITI'S				
ADDRESS 192 HARD	ING ST				
CITY/TOWN: WORC	CESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: RANDO	O, STELLA TY	YPE OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI		ISES:			
LIQUOR STORAGE I	N BASEMENT				
I hereby certify and swe	ear under penaltie	es of perjury that:			
1. the renewed	license will be o	of the same type for the	e same premises nov	v licensed;	
	•	th all laws of the Com	_	to taxes; and	
3. the premises	are now open for	or business (If not exp	lain below)		
SIGNED BY:			0.65		
]	individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:			ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned,	attest that we ar	re in possession (1) th	ne certificate requir	ed by Chapt	ter 304 of the
Acts of 2004, signed b	y the building i	nspector and the hea	d of the fire depart	tment for the	above named
license and (2) the cer	tificate of liquo	r liability insurance	required by Chapto	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	٦		By:		
DISAPPROVED:					
(If disapproved explain	)		_		
DATE.					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800532		CITY OR TOWN	WORCEST	ER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
	SMOKESTACK, IN A SMOKESTACK U EEN STREET		CUE		
CITY/TOWN: WO	RCESTER	STATE: M	A ZIP CODE:	01608	
MANAGER: DAL BON		E OF LICENSE:	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE		R EMAIL ADDRESS		
	LICENSED PREMISI EST AND BAR WITH EAR		CES IN FRONT ANI	ONE ENTR	ANCE
2. the licens	red license will be of the ee has complied with a ses are now open for b	all laws of the Co	mmonwealth relating		
	Individual, Partner of	or Authorized Co	rporate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT dividual Social So	
Acts of 2004, signed	d, attest that we are i d by the building insp certificate of liquor li	ector and the h	ead of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICEN By:	SING AUTHO	DRITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800533		CITY OR TOWN	WORCEST	ER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
DOING BUSINESS	MARTIN ENTERPR A MARTY'S PUB CANTERBURY ST	ISES LLC			
CITY/TOWN: WO		STATE: MA	ZIP CODE:	01608	
	RTIN,EDWARD TYPE			ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DECOMPON OF	PLEASE ALSO VISIT OUR WEBS		EMAIL ADDRESS		
STREET LEVEL A	LICENSED PREMISE ITACHMENT BLDG. AND EMERGENCY I	,WHITE ALUMII		NT DOOR A	CCESS
2. the licens	red license will be of the ee has complied with al ses are now open for bu	ll laws of the Com	monwealth relating to		
SIGNED BY:	Individual, Partner of	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
Acts of 2004, signed	d, attest that we are ir d by the building insp certificate of liquor lia	ector and the hea	d of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150800536		CITY OR TOWN	WORCEST	ΓER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: STEPHEN HOP	KINS			
DOING BUSINESS A BLUE JEANS	PIZZA			
ADDRESS 270 PARK AVENUE				
CITY/TOWN: WORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: SCIACCA, LOLA T	YPE OF LICENSE: Re	estaurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM				
2600 SF WITH KITCHEN AND 8 BO		PED BATHROOMS		
I hereby certify and swear under penalti	1 5 .			
1. the renewed license will be		=		
2. the licensee has complied w		=	taxes; and	
3. the premises are now open f	or business (If not exp.	lain below)		
SIGNED BY: Individual Partr	ner or Authorized Corp	orate Officer		
mar vicani, i ara	ier of Hamorized Corp	orace officer		
DATE: TELEPLIC		EMDI OVER	IDENTIFICAT	TION NUMBER:
TELEPHO	ONE NUMBER:	(Note: NOT Ind		
				•
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liquo	inspector and the hea	d of the fire departi	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		-
DISAPPROVED:				
(If disapproved explain)				
DATE:				
DILL.				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 150800537		CITY OR TOWN	N WORCESTE	R
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013	3
		CLASS		YI	EAR
LICENSEE NA	AME: RITUAL INC	C			
DOING BUSI	NESS A				
ADDRESS 27	9-281 MAIN STREE	T			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER:	KOSTAS, KATHERINE	TYPE OF LICENSE:R	estaurant (	CATEGORY: A	All Alcohol
EMAIL ADDF	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PF	REMISES:			
BOOTH, TAB		RPOSES CONSISTING , KITCHEN AND FULL R STORAGE			
I hereby certify	and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for th	ne same premises no	w licensed;	
2. the	licensee has complie	d with all laws of the Con	nmonwealth relating	to taxes; and	
3. the	premises are now ope	en for business (If not exp	plain below)		
SIGNED BY:					
	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEI	DHONE MUMBED.	FMPI OY	ER IDENTIFICATIO	N NIIMRER:
	IELEI	PHONE NUMBER:		ndividual Social Secu	
*** 41 1		• 40	1		204 64
		ve are in possession (1) t ing inspector and the he			
	-	quor liability insurance	_		
Please Check Belo	<u>DW:</u>		LOCAL LICEN	ISING AUTHOR	ITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)		-		
DATE:					



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LICENSE NUMBER	<b>C</b> : 150800538		CITY OR TOWN	WORCEST	EK
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINESS		T GROUP LLC			
ADDRESS 1121 GR	RAFTION STREET				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: RUIZ C.	Z, ELIZABETH TYP	E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREMIS	ES:			
<ol> <li>the renew</li> <li>the licens</li> </ol>	wear under penalties of the discense will be of the discense will be of the discense with the ses are now open for the discense of the discens	he same type for the all laws of the Comr	nonwealth relating to		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind	R IDENTIFICAT lividual Social Se	
Acts of 2004, signed	d, attest that we are i d by the building ins certificate of liquor l	pector and the head	l of the fire departi	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED: [(If disapproved explain	ain)		Ву:		
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY LIC	CENSEES DURING THE M	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	iA)



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 150800539		CITY OR TOWN	WORCEST	ER
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
	SS A CORAPI'S LOUNGE				
	HREWSBURY STREET	CTLATE AND	Alb CODE	01.600	
CITY/TOWN: W		STATE: MA	ZIP CODE:	01608	
	ORAPI, TYPE C NTHONY	OF LICENSE: Geno pren		ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBSIT		AIL ADDRESS		
	F LICENSED PREMISES:		MCDG AND DAG	IG EDOLEDA	DIMIG
LOT TO COMME	ED FOR CORAPI'S LOUN ERCIAL AREA.	GE. ALL ENTRA	INCES AND EXIT	S FROM PA	RKING
2. the lice	ewed license will be of the source has complied with all limises are now open for busing the source of the source	laws of the Comminess (If not explain	onwealth relating to n below)		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are in p ned by the building inspec e certificate of liquor liab	tor and the head	of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	olain)				
(II disuppioved exp	γιω)				
DATE:					_



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	3ER: 150800540		CITY OR TOWN	WORCESTER
APPLICATION 1	FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: GRMI INC			
DOING BUSINE	ESS A THE OLIVE G	ARDEN RESTAURA	NT # 1868	
ADDRESS 7 TO	BIAS BOLAND WAY	Y		
CITY/TOWN: \	WORCESTER	STATE: MA	ZIP CODE:	01608
	HARLESWORTH, T AREN	YPE OF LICENSE:Re	estaurant CA	TEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION (	OF LICENSED PREM	IISES:		
WITH MANUFA	ISCAN FARMHOUSE ACTURED STONE, W LATE A TRUE FARM	OOD TRIM AND LI		
I hereby certify a	nd swear under penalti	es of perjury that:		
1. the rea	newed license will be o	of the same type for the	e same premises now l	icensed;
2. the lic	ensee has complied wi	th all laws of the Com	monwealth relating to	taxes; and
3. the pro	emises are now open for	or business (If not exp	ain below)	
SIGNED BY:	Individual Dorta	er or Authorized Corp	orota Officar	
	marviduai, Parin	er or Authorized Corp	orate Officer	
DATE:			EMPLOYED	IDENTIFICATION NUMBER:
DATE.	TELEPHO	NE NUMBER:		vidual Social Security Number)
Acts of 2004, sig	gned by the building i	inspector and the hea	d of the fire departm	d by Chapter 304 of the ent for the above named
	_	or natimity insurance		116 of the Acts of 2010.
Please Check Below: APPROVED:			LOCAL LICENSI	NG AUTHORITY
DISAPPROVED			By:	
(If disapproved ex				
-				
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 150800541		CITY OR TOWN	WORCEST	ER
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: THE SHISHA	ROOM LLC			
DOING BUSINES	SS A				
ADDRESS 86 SH	REWSBURY ST				
CITY/TOWN: W	VORCESTER	STATE: MA	ZIP CODE:	01608	
	ELKONIAN, OSEMARIE	TYPE OF LICENSE: Gen prei		ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		-
	OF LICENSED PRI				
		Q .FT., SEATING CAPAC	CITY 45		
	1	alties of perjury that:			
		e of the same type for the	-		
	•	with all laws of the Comm	_	o taxes; and	
3. the pre	mises are now oper	n for business (If not expla	in below)		
SIGNED BY:	Indiaideal De				
	Individual, Pai	rtner or Authorized Corpo	rate Officer		
DATE.					
DATE:	TELEPI	HONE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind		ION NUMBER:
			(100c. <u>1101</u> mo	iividuai 50ciai 50	ecurity (vullber)
		e are in possession (1) the			
		g inspector and the head uor liability insurance re			
	re ceremicate or my	uor nuomity mourantee re			
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved ex					
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 150800542		CITY OR TOWN WORK	CESTER
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAM	IE: ROASTMEI	STERS COFFEE LLC		
DOING BUSINE	SS A			
ADDRESS 912 N	MAIN ST			
CITY/TOWN: V	VORCESTER	STATE: MA	ZIP CODE: 01608	
MANAGER: FO	ULLERTON, AVID	TYPE OF LICENSE: Re	estaurant CATEGOR	RY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION (				
TWO RESTROO	MS, TWO MAIN EXIT IN KITCHI	ENTRANCES ON MAIN	OUSE, ONE KITCHEN, ONI N STREET, ONE EXIT ON S RN SIDE OF BLDG.CLOSIN	OUTH SIDE
I hereby certify ar	nd swear under per	nalties of perjury that:		
1. the ren	newed license will	be of the same type for the	e same premises now licensed	•
2. the lice	ensee has complie	d with all laws of the Com	monwealth relating to taxes; a	and
3. the pre	emises are now op	en for business (If not exp	lain below)	
SIGNED BY:				
SIGNED BI:	Individual, P	Partner or Authorized Corp	oorate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIF	ICATION NUMBER:
			(Note: NOT Individual So	cial Security Number)
Acts of 2004, sig	ned by the buildi	ing inspector and the hea	ne certificate required by Ch nd of the fire department for required by Chapter 116 of	the above named
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xpiaiii)		-	
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800543		CITY OR TO	WN WORCES	IEK
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	THREE WHEELE	ER LLC			
DOING BUSINESS A	A OVERTIME TA	P			
ADDRESS 50 FRON	T STREET				
CITY/TOWN: WOF	RCESTER	STATE: MA	ZIP CODE	E: 01608	
MANAGER: LEDO	OUX, DAVID TY	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR F	CMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMI	SES:			
I hereby certify and sv	wear under penaltie	s of perjury that:			
1. the renewe	ed license will be of	the same type for the	e same premises	now licensed;	
2. the license	e has complied with	h all laws of the Com	monwealth relat	ing to taxes; and	
3. the premis	es are now open for	r business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TEL EDITO	W. W. W. C. E. D.	EMDL	OYER IDENTIFICA	TION NUMBER.
DATE.	TELEPHOR	NE NUMBER:		$f{T}$ Individual Social	
We the undersigned Acts of 2004, signed	by the building in	spector and the hea	d of the fire dep	partment for the	e above named
license and (2) the c	ertificate of liquor	liability insurance	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below: APPROVED:				ENSING AUTH	IORITY
DISAPPROVED:			By:		
(If disapproved explain	in)				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800544		CITY OR TOW	N WORCES	IEK
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 92 SHREV	NUOVO REST	AURANT			
CITY/TOWN: WOR		STATE: MA	ZIP CODE:	01608	
		YPE OF LICENSE: Res		CATEGORY:	All Alcohol
EMAIL ADDRESS:  PI  DESCRIPTION OF L  190 SEAT RESTAUR	EASE ALSO VISIT OUR ICENSED PREM ANT WITH 30 S	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
2. the licensee	d license will be on the has complied wi	es of perjury that:  If the same type for the th all laws of the Comn or business (If not expla	nonwealth relatin		
SIGNED BY:	Individual, Partn	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signed	by the building i	re in possession (1) the nspector and the head r liability insurance r	l of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800545		CITY OR TOWN	WORCEST	TER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	BAR 2010 INC.				
DOING BUSINESS	A RIVARLY SPORTS	S BAR			
ADDRESS 274 SHI	REWSBURY STREET				
CITY/TOWN: WC	ORCESTER	STATE: MA	ZIP CODE:	01608	
	VINS, TYPE HARD O.	OF LICENSE: Re	estaurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR F	MAIL ADDRESS		L
DESCRIPTION OF	LICENSED PREMISE	S:			
GROUND FLOOR STREET.	,274 SHREWSBURY S	TREET, TWO E	NTRANCES TO SHI	REWSBURY	•
	see has complied with al ises are now open for bu	siness (If not exp	ain below)	o taxes; and	
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are in d by the building inspe certificate of liquor lia	ector and the hea	d of the fire departi	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:   (If disapproved expl	 ain)				
(II disappioved expi	u,				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800546		CITY OR TOWN	WORCEST	(ER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	PATSIE DUGAN'S LI	.C			
DOING BUSINESS	A PATSIE DUGAN.S I	PUB			
ADDRESS 49 MILL	BURY STREET				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: PATT	TON,PATRICK TYPE (	OF LICENSE: Gen prer		ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISES	:			
	LLBURY STREET AN MILLBURY STREET.	D ANOTHER EN	TRANCE FACINO	3 THE MUN	ICIPAL
2. the license	ed license will be of the see has complied with all sees are now open for bus.  Individual, Partner or A	laws of the Comminess (If not expla	onwealth relating t in below)		
DATE:	TELEPHONE N	UMBER:			FION NUMBER: Security Number)
Acts of 2004, signed	l, attest that we are in p by the building inspec ertificate of liquor liab	tor and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:	:)				
(If disapproved expla	in)			-	
DATE:			-		



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 150800547		CITY OR TOV	VN WORCES	IEK
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	STREAMLINED S	SPORTS INC.			
DOING BUSINESS	A WORCESTER TO	ORNADOES			
ADDRESS 1 COLLE	EGE STREET				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE	: 01608	
	ASKOUSKAS,JTYI PH K.	PE OF LICENSE: Ge pre	neral on mise	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	SES:			
FITTION FIELD,CC	OLLGE OF HOLY C	ROSS.			
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of	the same type for the	same premises i	now licensed;	
2. the license	ee has complied with	all laws of the Comr	nonwealth relati	ng to taxes; and	
3. the premis	ses are now open for	business (If not explain	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	☐ Individual Social S	Security Number)
We the undersigned	d attact that we are	in necession (1) th	o cortificato roc	wired by Chant	or 304 of the
Acts of 2004, signed					
license and (2) the o	certificate of liquor	liability insurance r	equired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	nin)		-		
			-		
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 150800548		CITY OR TOWN	WORCEST	ER
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		•	YEAR
LICENSEE N	AME: INTERNATIO	NAL LOUNGE LLC			
DOING BUSI	NESS A INTERNATION	ONAL LOUNGE			
ADDRESS 27	PLEASANT STREET	ı			
CITY/TOWN	: WORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER:	GEORGES, ROLAND	TYPE OF LICENSE: C	General on Cremise	ATEGORY:	All Alcohol
EMAIL ADD	RESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PRE				
DOUBLE DO DOOR EXIT	OR ENTRANCE, COU	JCHES, BAR, TWO H	ANDICAPPED BAT	HROOMS, BA	ACK
I hereby certif	y and swear under pena	lties of perjury that:			
1. the	renewed license will be	e of the same type for the	ne same premises now	licensed;	
2. the	licensee has complied	with all laws of the Cor	nmonwealth relating	to taxes; and	
3. the	premises are now open	for business (If not ex	plain below)		
SIGNED BY					
	Individual, Par	tner or Authorized Cor	porate Officer		
DATE					
DATE:	TELEPH	HONE NUMBER:		R IDENTIFICATI dividual Social Se	
			(1101c. <u>1101</u> III	iividuai Sociai Se	curity Number)
	rsigned, attest that we				
	, signed by the building 2) the certificate of liqu				
Please Check Bel	•				
APPROVED:			LOCAL LICENS By:	SING AUTHU	JKII I
DISAPPROV	ED:		zy.		
(If disapprove	d explain)				
DATE:					
	R RENEWAL MUST BE FILED	RV I ICENSEES DUDING THE	MONTH OF NOVEMBER (A	MGI Ch 138 \$ 16	Δ)
ALL LICATION FOR	C CLARE WALLINGS I DE L'ILED .	P. PICE INFO DOMING THE	"" O' I I O I TO A EMIDEK (I	1. J.L. CII. 130 \$ 10	• • /



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	150800550	(	CITY OR TOWN WORCES	IEK
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 60 MADI	A SHANGRI-LA	IC		
		OTATE. MA	7ID CODE 01600	
CITY/TOWN: WOR		STATE: MA	ZIP CODE: 01608	
MANAGER: JIANO	G, XINCHUN TYP	PE OF LICENSE: Resta	aurant CATEGORY:	: All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	SES:		
UNIT LAND UNIT 2 STORAGE ON THE			T. W/ KITCHEN, DINING AF	REA AND
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	d license will be of t	he same type for the same	ame premises now licensed;	
	•	all laws of the Commo business (If not explain	onwealth relating to taxes; and n below)	
SIGNED BY:	Individual, Partner	or Authorized Corpora	ate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signed	by the building ins	pector and the head	certificate required by Chap of the fire department for the quired by Chapter 116 of the	e above named
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	11)			
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 150	800551		CITY OR TOWN	WORCEST	ER
APPLICATION FOR REN	NEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: NO. DOING BUSINESS A	AMESO LLC				
ADDRESS 3 MILL STRE	ET				
CITY/TOWN: WORCES		STATE: MA	ZIP CODE:	01608	
MANAGER: KUMAH,	JULIUS TYPE O		eneral on C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICE 1830 SQ FT ON FIRST FI I hereby certify and swear 1. the renewed lic 2. the licensee has	LOOR1830 SQ F under penalties of p ense will be of the s	T OF STORAGE or or that:  The arms of the Control o	GE IN THE BASEM e same premises nov nmonwealth relating	v licensed;	
SIGNED BY:	ividual, Partner or A	Authorized Corp	oorate Officer		
DATE:	TELEPHONE N	UMBER:		R IDENTIFICAT	
We the undersigned, atto Acts of 2004, signed by t license and (2) the certifi	he building inspect	tor and the hea	ad of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTHO	DRITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	50800552		CITY OR TOWN	WORCESTER
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: 7. DOING BUSINESS A ADDRESS 60 SHREW	NANA II JAPANE		E	
CITY/TOWN: WORC		STATE: MA	ZIP CODE:	01608
MANAGER: CHIV, C	CHANPHA TYPI	E OF LICENSE: Re	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LIC APPROX. 6500 SQ FT SAME FLOOR AS DIN	WITH ACCESSIE	BLE ENTRANCE.	.KITCHEN IS LOCA	ATED ON THE
2. the licensee I 3. the premises  SIGNED BY:		all laws of the Compusiness (If not exp	· · · · · · · · · · · · · · · · · · ·	
11	narviduai, Fartilei (	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signed by	y the building insp	pector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHORITY
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 150800553		CITY OR TOW	N WORCES	TER
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SNOW'S RESTA	AURANT & PUB			
DOING BUSINESS	A				
ADDRESS 321 WES	ST BOYLSTON				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: JETT	TE, MATTHEW T	YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
ONE REAR ENTRA AREA IS OUTSIDE	NCE10-12 PICN OF BLDG, ROPE	SEATING FOR 110 IIC TABLES ON RIC ED OFF AND CONTA 10 TABLES. ALL OU	SHT SIDE OF PRO AINS 8-10 TABLE	OPERTY, SECO ES. 3RD AREA	OND ,
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be	of the same type for the	ne same premises n	ow licensed;	
	-	ith all laws of the Cor		ig to taxes; and	
3. the premi	ses are now open f	or business (If not exp	olain below)		
SIGNED BY:	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICA' Individual Social S	
Acts of 2004, signed	d by the building	re in possession (1) t inspector and the he or liability insurance	ad of the fire depa	artment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: Lagrangian (If disapproved explain)	nin)				
(11 disappioved expir	1111 <i>)</i>				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 150800554		CITY OR TOWN	WORCESTER
APPLICATION	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: CV HOSPITALI	ТҮ		
DOING BUSIN	NESS A GUMBO			
ADDRESS 65	WATER STREET			
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01608
	CASSANNELI, TY	YPE OF LICENSE:Ge	neral on CA emise	TEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	IISES:		
WALK. HAND	THREE AREAS, DININ DICAP ENTRANCE AN ICLUDES SIDEWALK	D EIT FROM SIDEW		
I hereby certify	and swear under penalti	es of perjury that:		
1. the r	renewed license will be o	of the same type for the	same premises now l	icensed;
2. the 1	icensee has complied wi	th all laws of the Com	monwealth relating to	taxes; and
3. the p	premises are now open for	or business (If not expl	ain below)	
SIGNED BY:			o ce	
	Individual, Partn	er or Authorized Corp	orate Officer	
DATE				
DATE:	TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER:
			(Note. NOT man	vidual Social Security Number)
				d by Chapter 304 of the
				nent for the above named 116 of the Acts of 2010.
Please Check Belov	<u>w:</u>		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved	<del></del>			
(11 uisappioved	слріані)			
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 150800555		CITY	OR TOW	N WORCES	TER
APPLICATION FOR	RENEWAL:	Annual		LICE	ENSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS	A					
ADDRESS 335 CHA	NDLER STREET					
CITY/TOWN: WOI	RCESTER	STATE: MA	ZI	P CODE:	01608	
MANAGER:	TYI	PE OF LICENSE: Re	staurant		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADD	RESS		
DESCRIPTION OF I						
THIS LOCATION IS RESTAURANT. THE HOURS OPERATIO	ERE IS A MALE A	ND FEMALE BATH	ROOM	EACH W		
I hereby certify and s	wear under penalties	of perjury that:				
1. the renewe	ed license will be of	the same type for the	same p	remises no	w licensed;	
2. the license	ee has complied with	all laws of the Com	nonwea	lth relating	g to taxes; and	
3. the premis	ses are now open for	business (If not expl	ain belo	ow)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Of	ficer		
DATE:	TELEPHON	E NUMBER:	(1		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	spector and the head	d of the	fire depa	rtment for the	above named
Please Check Below:			LOC	CAL LICE	NSING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	•••					
(If disapproved expla	111)					
DATE:						



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 150800556		CITY OR TOW	N WORCES	IEK
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: DANIELLE L. BU	URKE			
DOING BUSINESS	S A THE ALIBI SPO	ORTS BAR			
ADDRESS 198-204	4 CAMBRIDGE STE	REET			
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE:	01608	
	RKE, TY NIELLE L.	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
	F LICENSED PREM				
		TS, DIRT BASEMEN	T		
	swear under penaltie				
		f the same type for the	•		
2. the licen	see has complied wit	th all laws of the Comm	nonwealth relatin	g to taxes; and	
3. the prem	ises are now open fo	or business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersign	ed. attest that we ar	e in possession (1) the	e certificate requ	iired by Chapt	er 304 of the
Acts of 2004, signe	ed by the building in	nspector and the head	l of the fire depa	rtment for the	above named
license and (2) the	certificate of liquo	r liability insurance r	equired by Chap	oter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	laın)				
DATE.					
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 150800557		CITY OR TOWN	WORCEST	EK
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: KRAZY HORSE	, INC.			
DOING BUSINESS	S A THE KRAZY H	IORSE BAR & GRILL			
ADDRESS 287 MA	AIN STREET				
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: KAZ JUS		YPE OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
MAIN ENTRANCE	E FROM MAIN STE	REET, WITH EMERG	ENCY EXIT IN TH	E REAR. 31	57 SQ.FT
•	swear under penaltie				
		of the same type for the	1		
2. the licen	see has complied wi	th all laws of the Comm	nonwealth relating to	o taxes; and	
3. the prem	ises are now open for	or business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:			TION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Acts of 2004, signe	ed by the building i	re in possession (1) the nspector and the head r liability insurance r	l of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	laın)				
DATE:					
			<u></u>		



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	150800558		CITY OR TOWN WOR	CESTER
APPLICATION FOR	RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	TD & COMPANY,	INC		
DOING BUSINESS A	. VINTAGE GRILI			
ADDRESS 346 SHRE	WSBURY ST			
CITY/TOWN: WOR	CESTER	STATE: MA	ZIP CODE: 0160	08
MANAGER: CARU	SO, ROBYN TYP	E OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF L	CENSED PREMIS	ES:		
3 ENTRANCES, MAI	N, REAR AND SID	)E		
I hereby certify and sw	ear under penalties	of perjury that:		
1. the renewed	l license will be of t	he same type for the	same premises now license	ed;
2. the licensee	has complied with	all laws of the Comn	nonwealth relating to taxes	; and
3. the premise	s are now open for l	business (If not expla	in below)	
SIGNED BY:				
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENT	IFICATION NUMBER:
			(Note: NOT Individual S	Social Security Number)
We the undersigned	attact that we are	in neggegien (1) the	e certificate required by (	Thanton 201 of the
			of the fire department for	
			equired by Chapter 116 o	
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved explain	1)			
			-	<u> </u>
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 150800559		CITY OR TOWN	WORCESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: PICADILLY	S BAR AND GRILLE IN	IC	
DOING BUSI	NESS A			
ADDRESS 48	0 SHREWSBURT S	ГКЕЕТ		
CITY/TOWN:	WORCESTER	STATE: MA	ZIP CODE:	01608
MANAGER:	FURTADO, ARTHUR	TYPE OF LICENSE: Ro	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PR			
		AURANT OFFERING PU	JB STYLE FOOD AN	ND BEVERAGES
-	=	nalties of perjury that:		
		be of the same type for th	•	
	=	d with all laws of the Com	=	taxes; and
3. the	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY:		artner or Authorized Corp	oorate Officer	
	mar radui, 1	armer of Flamorized Corp	orate officer	
DATE:	TELEI	DUONE NUMBED.	EMPLOYER	R IDENTIFICATION NUMBER:
	IELEI	PHONE NUMBER:		ividual Social Security Number)
				ed by Chapter 304 of the nent for the above named
				r 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVI	ED:		·	
(If disapproved	d explain)			
DATE.				
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	K: 150800560		CITY OR TOWN	WORCEST	EK
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	KOZARA CORP				
DOING BUSINESS	A KOZARA REA	TURANT			
ADDRESS 301 PAR	RK AVENUE				
CITY/TOWN: WO	RCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: PHU	COLY, VINH TY	PE OF LICENSE: Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
A RESTAURANT V AND ONE REAR E		G CAPACITY, MAIN	ENTRANCE FRO	OM PARK AV	'ENUE
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be o	f the same type for the	same premises nov	w licensed;	
2. the licens	see has complied wit	th all laws of the Comn	nonwealth relating	to taxes; and	
3. the premi	ises are now open for	or business (If not expla	in below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT In	ndividual Social S	ecurity Number)
We the undersione	d. attest that we ar	e in possession (1) the	e certificate requi	red by Chant	er 304 of the
Acts of 2004, signe	d by the building in	nspector and the head	of the fire depar	tment for the	above named
license and (2) the	certificate of liquo	r liability insurance r	equired by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)		-		
DATE.					
DATE:			<u> </u>		



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 150800561		CITY OR TOW	N WORCES	TER
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: HIGH NOON LLC				
DOING BUSINESS	S A TATNUCK GRILL				
ADDRESS 638 CH	IANDLER STREET				
CITY/TOWN: WO	ORCESTER	STATE: MA	ZIP CODE:	01608	
MANAGER: NO LAY	ON, TYPE WRENCE J.	OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	CMAIL ADDRESS		_
	F LICENSED PREMISE				
BATHROOMS, 60 PROPOSED 62 FT	AURANT WITH 1400 S SQ FT OFFICE, 100 SC BAR AREARESTAU D 1 EXIT AT REAR OF	OFT OFFICE, 10 RANT WILL SEA	O SQ FT DRY STO	ORAGE ROOM	AND A
I hereby certify and	swear under penalties of	perjury that:			
1. the rene	wed license will be of the	e same type for the	e same premises no	w licensed;	
2. the licen	see has complied with al	l laws of the Com	monwealth relating	g to taxes; and	
3. the prem	nises are now open for bu	siness (If not exp	lain below)		
SIGNED BY:	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed, attest that we are in ed by the building inspo e certificate of liquor lia	ector and the hea	d of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	lain				
(ii disapproved exp	nam)				
DATE:					